

**Sustainability processes in community-level health
initiatives: the experiences of Scottish healthy living centres**

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Thesis presented for the degree of Doctor of Philosophy

University of Edinburgh

2010

DECLARATION

I hereby declare that

- i. This thesis has been composed by myself
- ii. The work presented within this thesis is my own unless otherwise stated
- iii. This work has not been submitted for any other degree or professional qualification

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September 2010

ACKNOWLEDGEMENTS

Over several years many people have contributed, guided, supported and made allowances for me while I undertook this PhD. My warmest and sincere thanks go to:

My supervisors: Kathryn Backett-Milburn and Wendy Loretto, who have provided invaluable insights, advice and encouragement throughout. I am grateful to Kathryn for helping instil in me the original motivation to undertake this study and to Wendy who came on board when most needed. I also place great value on the assistance and direction offered by both over time, which often helped me find my way out of blind alleys and to overcome what, to me, at the time, seemed insurmountable hurdles.

The study participants, comprising multiple HLC stakeholders, who included: managers, project workers, staff, board members, partners, volunteers and service users. Furthermore, I am grateful for the contributions made by participants working within policy, practice and funding environments. Without all of these people's contributions this study would not have taken place.

My colleagues: in particular those who worked at what was the Research Unit in Health, Behaviour and Change. This was always a stimulating and banter-filled place to work. Thanks especially to Steve, Kathryn and Julia who provided me the time and space to get on with it.

My proof readers: Emma, Annette and Sian for their unstinting fastidiousness.

My family and friends: for taking the time and trouble to enquire about my progress. In particular, in knowing when to ask such questions, knowing when not to ask and for finding ways to backtrack having unknowingly broached an unspeakable topic.

Sian, my wife: for offering solutions to intractable problems, for keeping me motivated when everything crumbled, for picking me up and dusting me down and for tolerating me throughout. This is for you.

ABSTRACT

Background

This thesis explores processes involved in stakeholders' attempts to secure sustainability of three short-term funded community health initiatives known as healthy living centres (HLCs). The overall aim was to identify and examine development of sustainability strategies in Scottish HLC organisations. In contrast to retrospective accounts examining influences on extent of sustainability little is known about how this concept is considered by organisations approaching the end of funding. Organisational development theorising has focused on organisational change, with no attention given to sustainability processes in short-term funded organisations. Building on a concurrent longitudinal evaluation of a larger sample of HLCs, the temporal nature of this PhD study offered scope to explore development of, influences on and changes to stakeholders' sustainability strategies over time.

Methods

The study used a qualitative evaluation methodology. A case study approach framed the HLCs, permitting comparison between sites. An ethnographic approach using observations and in-depth interviews was employed. Interviews were undertaken with stakeholders (comprising managers, staff, partners and board members) from each HLC. Managers were interviewed on several occasions. Latterly, interviews were undertaken with respondents holding policy, practice and funding posts. A thematic analysis, informed by grounded theory, was carried out. This used a constant comparative methodology to understand the data against the backdrop of the PhD study aims and wider literature.

Findings

Findings examine stakeholders' accounts of the impact of a range of issues on HLC sustainability strategies. These are located in the context of health and community sector restructuring. Especially challenging were: efforts to secure local partners and further lottery funding; consideration of new funding criteria and models of service delivery; and limitations in demonstrating effectiveness. Addressing such challenges, managers' strategic positioning signified attempts to influence HLCs' fit within local health structures. Stakeholders' accounts highlighted attempts to secure continuation of HLCs' original identity; ensuring continued accessibility of Centres to local communities; and, seeking continuation of developmental methods of work. External respondents' perspectives

illuminated how policy-driven changes restricted system-wide attention to HLC sustainability. Latterly, Government-provided funding offered a short-term fix, enabling continuation of attempts to secure sustainability.

Conclusions and implications

This study offers new perspectives on the temporal exploration of sustainability of short-term funded health initiatives. Analysis of stakeholders' accounts over time provides insight into the effects of restructuring and ways in which system-wide flux impacted on influences known to enhance the likelihood of sustainability. Recommendations address programme design and wider responsibilities of health system actors in positioning and considering a future for such organisations after short-term funding ends.

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1. INTRODUCTION

1.1 General introduction

“There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things” Niccolo Machiavelli – The Prince (1532)

In seeking to explore how short-term funded community health initiatives might be sustained, Machiavelli’s quotation resonated both with my prior knowledge of the concept and findings from an earlier evaluation. Each had highlighted the uncertainty over time among evaluation stakeholders with regard to processes involved in achieving sustainability and how these evolve. As I will introduce below and expand upon in the main body of this thesis, while the study of sustainability of community health initiatives often focuses on ‘what happens next’ there is a need to give greater scope to exploring the processes surrounding ‘how and why things happen in the way they do’. To situate my work and the focus given to sustainability, I begin by outlining how I became involved in a wider evaluation of short-term funded community health initiatives.

1.2 Background

My decision to undertake a PhD and the focus that came to define it emerged from my prior involvement in an evaluation of Scottish Healthy Living Centres (HLCs). Introduced in more detail in Chapter Two, HLCs originated as part of a UK-wide public health programme. The programme was initiated by the New Opportunities Fund in 1998 and emerged from public health policies which sought both to improve health and wellbeing among people living in areas of disadvantage and to address health inequalities. In 2002 I was successful in obtaining a position as Research Fellow in the Research Unit for Health, Behaviour and Change at the University of Edinburgh. This contract research post was established as part of a wider team to undertake a Chief Scientist Office (CSO) funded process evaluation of Scottish HLCs. This evaluation, coinciding with the launch of many HLCs, started in June 2002 and initially ran until May 2005, with the aim of exploring the pathways between

activities, processes, contexts and outcomes in a sample of six Scottish HLCs (Platt et al, 2002).

Although findings from this evaluation illuminated several important features of sample HLCs' development (see Platt et al, 2005a), data collected on how Centres were giving consideration to sustainability was found to be quite limited. Notably, while HLCs were funded for periods of up to five years, the CSO evaluation was only funded to explore the first two years of Centres' operations, with the latter period of funding dedicated to analysis and production of reports. While the initial evaluation did include an exploration of HLCs' plans for sustainability once funding ended, the time-frame of the evaluation and limited consideration given by HLCs during these early years meant that understandings of sustainability were speculative, uncertain and subject to change.

In mid 2004, and at the conclusion of fieldwork for the initial evaluation, a decision was taken among the wider team to attempt to secure further funding in order to examine the latter part of HLCs' implementation. Aims in this second phase of evaluation were better to understand HLCs' work to address inequalities and to investigate Centres' attempts to secure sustainability in the longer-term. The research team included Steve Platt, Kathryn Backett-Milburn and myself, and a proposal was put together to seek further funding (Platt et al, 2005b).

Alongside our team's intention to continue the evaluation, and prompted by both Kathryn and Steve, I was encouraged to apply for and undertake a PhD. This was to enable exploration in greater depth of the second of the aims for this second phase of evaluation. I was granted permission to undertake a PhD, which started in October 2004, and our team was shortly afterwards awarded monies by a consortium of funding agencies (NHS Health Scotland, Scottish Executive Health Improvement and Scottish Executive Mental Health and Wellbeing). This funding enabled a further two years of research (June 2005 to May 2007) to be undertaken. In conjunction, I devised a set of detailed aims and objectives particular to my thesis. These aims/objectives are introduced below and an overview given which frames them with reference to wider literature.

1.3 Aims and objectives

The aims of this PhD research were to identify and assess the work undertaken by a sample of Scottish Healthy Living Centres (HLCs) in developing strategies to become sustainable beyond initial, five-year, Big Lottery Fund (BLF), funding packages. As such, my aims focus on an exploration of sustainability processes engaged in and undertaken by HLC stakeholders during the time when active attempts were being made to secure continuation. My focus on processes differs from the majority of studies which have undertaken post hoc explorations of sustainability outcomes. These aims and the focus applied were formulated following the wider team's analysis of findings from the first phase of the wider evaluation of six Scottish HLC sites. The aims were also informed by my review of the existing literature on sustainability of short-term funded initiatives, which is outlined in detail in Chapters Two and Three.

The concept of sustainability in this field is used to refer to the continuation of programmes, projects and organisations (Shediac-Rizkallah and Bone, 1998; Crisp and Swerissen, 2002; Stevens and Peikes, 2006). While much qualitative and quantitative attention has been given to identifying influences on and extent of attainment of sustainability outcomes (e.g. Shediac-Rizkallah and Bone, 1998; Mancini and Marek, 2004) less is known about the sustainability process (Pluye et al, 2004). My study addresses calls for greater attention to be applied to understanding the processes which underpin initiatives' decision-making and approaches to sustainability (e.g. Savaya et al, 2009; Scheirer, 2005). A focus on sustainability processes might also aid exploration of known limitations of existing studies. For instance, a focus on processes might enable a more dynamic exploration with regard to how organisations consider changes to models and shifts in form in order to be sustained (Evashwick and Ory, 2003; Stevens and Peikes, 2006). When applying to undertake this PhD, my specific aims were as follows:

- To examine sustainability prospectively to permit exploration of influences that impact on HLCs when seeking longer-term sustainability: (a) within the HLC itself, (b) within wider partnership structures and (c) within the local health economy.
- To what extent do HLCs adopt a health planning structure versus a community participation approach with regard to sustainability and future funding? How does

the approach to sustainability affect future partnership working and community development?

Linked to these aims were more specific research objectives. These were designed in order to help situate HLCs within wider Scottish health sector/health policy environments and to aid exploration of dynamic sustainability processes over time.

- To explain the rationale and background to the HLC programme, locating it within wider health sector frameworks.
- To provide a contextual background, taking into account original bid proposals, of case-study HLCs' evolving strategic discussions regarding sustainability.
- To consider and extend ways in which strategic decision-making applies to Centres' sustainability, and to examine the influence of strategic decisions on future work plans within HLCs.
- To review how changing Government policies impact on HLCs strategic development with regard to long-term sustainability.
- To examine the impact of partnership types, including statutory agency (e.g. NHS and local authority) and community and voluntary sector organisations, in terms of their effect on the longer-term future of HLCs.
- To review the inputs from, and future emphasis placed on, models of community development within HLCs that seek to continue services beyond expiry of BLF funding.
- To unpack the drivers and barriers which affect future sustainability within the HLC sample.

1.4 Terminology: references to study participants

Many of the individuals and the accounts they provided are referred to in this thesis through use of a specific job title (e.g. Manager, Board member, Project worker). More generically, I have also chosen, as signified when introducing my aims and objectives, to use the term 'stakeholder'. This term is often used collectively to refer to all of the individuals directly associated with and who had an interest in an HLC. More specifically, the term 'stakeholder' is used directly in order to refer to and to preserve the anonymity of people working within HLCs' partner organisations for whom the use of job titles might have lead to identification.

This term is suggested to have emerged from the word of the Tavistock Institute during the 1960's and 1970's (Bourne, 2009). Bourne suggests that the concept of a stakeholder has now expanded "to include all of the people and organisations that have a real or perceived "stake" in the project or its outcomes"¹. Such terminology refers to individuals and organisations that are actively involved in, or whose interests might be affected by, a project and who might exert an influence over a project's objectives and outcomes. Such a definition accords with others used within various fields, including evaluation, community development and management studies, where stakeholders are considered to both be affected by and to have an effect on programmes and organisations².

Furthermore, I have also used the term 'respondent' to refer to other participants who were not directly associated with the HLCs. The decision to use this term took into account a variety of individuals' roles which, while bringing them into contact with HLCs, were by their nature guided by impartiality toward the continuation of the programme. Such individuals held posts in government departments, within the health sector and in funding organisations.

1.5 Structure of the thesis

In this brief introductory chapter I have sought to locate my study within the applied context of a wider programme evaluation of Scottish Healthy Living Centres. Chapters Two and Three outline in greater detail the background to my study along with my theoretical and empirical starting points. **Chapter Two** begins by introducing in greater depth the concept of, definitions pertaining to and reasons for exploring sustainability. This is followed by a detailed overview of HLCs' origins, and their location within wider health sector environments and policies. The chapter concludes by examining methodological approaches to the study of sustainability and recent reconceptualisations which help frame my focus on processes. In response to issues raised when providing definitions of sustainability, **Chapter Three** begins by outlining a theoretical approach to the study of organisational sustainability processes, focusing on the application of strategy literature, which further shaped my

¹ See: http://blogs.pmi.org/blog/voices_on_project_management/2009/09/who-is-a-stakeholder.html

²For similar usages of the term 'stakeholder' see:

www.balancedscorecard.org/BSCResources/AbouttheBalancedScorecard/Definitions/tabid/145/Default.aspx, www.heros-inc.org/definitionofterms.htm and www.uwex.edu/ces/tobaccoeval/glossary.html

approach. Latterly, Chapter Three provides an overview of factors that have been found to influence programme sustainability and that of larger community initiatives originating in the United States. These factors are summarised to provide a series of influences which are given consideration in my empirical exploration of HLCs.

Chapter Four provides an overview of my methodological approach. In Part One I begin by detailing theoretical and practical considerations underpinning my research. I then provide a detailed account of the original programme evaluation and the origins of my PhD. Epistemological and ontological positions are explicated to situate the study and my use of a qualitative evaluation methodology. Decisions made which informed my case study approach are outlined followed by choices made of which Centres to sample. An overview of sample case study HLCs is then provided. Part Two documents my ethnographic approach, use of qualitative longitudinal research methods and focus given to in-depth interviews. I then describe the data gathering process, purposive sampling of participants and their recruitment. A reflexive account of my fieldwork is then provided. This details the interview process, my role and engagement with HLCs over time, ways in which my role was perceived and constructed by those who participated, and ethical challenges encountered. This chapter concludes by exploring my approach to analysis and challenges I faced in moving from a descriptive evaluative understanding to a thematic analysis based on grounded theory.

Chapters Five, Six, Seven and Eight present and discuss my analysis and findings. **Chapter Five** introduces changes underway within the health sector inhabited by HLC organisations and examines ways in which restructuring impacted on consideration given to Centres by newly emerging partnership structures. Features of restructuring pertinent to HLCs are examined and initial consideration given to how Centres might consider adaptation in order to better fit within an evolving health sector. Attention is given to ways in which Centres are constructed and to how their remit and geographical configurations influenced consideration of sustainability. This includes a focus given to organisational and sectoral politics along with threats posed by competition and rationalisation. The chapter concludes by exploring impacts of restructuring on funding criteria and emphasis given to addressing health outcomes or targets.

Building on findings from the previous chapter, **Chapter Six** begins by exploring in greater depth the funding issues arising from sector restructuring. This takes into account future

roles for local statutory agencies and limitations to funding availability. Findings examine how HLCs undertook political positioning with an emphasis given to securing local monies and further Lottery funding. A focus is given to HLCs' attempts to demonstrate effectiveness of community health work, challenges involved and how these were addressed. Ways in which HLCs activities/services might be incorporated within new models of funding are explored. Approaches to and challenges involved in stakeholders' discussions with HLCs' original Lottery funders are also examined.

The impacts of sectoral restructuring and limitations on funding are further explored with particular reference to HLCs' strategising in **Chapter Seven**. Findings examine HLC managers' attempts to improve sustainability positioning through engagement with wider structures and the limitations that were encountered. Internal organisational structures of HLCs and impacts on strategic decision-making are explored. This includes an examination of community management groups' roles and the functions performed by Centres' managers. This chapter concludes by exploring stakeholders' accounts of how Centres might be adapted in order to be sustained. A focus is applied to Centres' historical development, service accessibility and acceptability to local communities, and use of community development methodologies.

Chapter Eight provides an alternative temporal perspective to the issues raised by HLC stakeholders by drawing on the accounts of a number of respondents located in practice, policy and funding environments after the bulk of fieldwork at case study sites had taken place. These accounts explore sectoral consideration given to HLCs and attempts to make links between Centres' work and mainstream agencies. Historical, contextual and developmental aspects of Centres are examined in relation to limitations HLCs' faced in engaging with partnerships. Latterly, respondents' accounts illustrated how a collective approach was taken by the wider body of HLCs in representations made to the Scottish Government for funding support to aid longer-term continuation of HLCs.

Chapter Nine concludes my thesis, draws together many of the substantive findings and locates them within the wider literature. Particular focus is applied to the impacts of restructuring, changes to funding criteria, the emphasis placed on health outcomes, responsiveness of services and mainstreaming. Systemic constraints affecting HLCs' strategic engagement and opportunities to adapt are examined. Latterly attention is given to constraints on demonstrating effectiveness and challenges reconciling Centres' work to

fundings' evolving needs. This chapter concludes by identifying and discussing a series of implications and recommendations for policy, practice and funding bodies. Here I argue that greater attention be given to programme design and for earlier and enhanced system-wide attention to be applied to the sustainability of short-term funded community health initiatives.

2 WHAT IS SUSTAINABILITY? PROCESSES, TEMPORALITIES AND CONTEXTS

2.1 Introduction

Chapter One has provided a broad overview to situate my involvement and decisions to explore sustainability of short-term funded health initiatives. This chapter and the one which follows explore the literature in more depth to provide the context for my focus on healthy living centres' (HLCs) organisational sustainability processes. Chapter Two begins by introducing the etymology of the term sustainability, how it is applied in the study of public and community health programmes' continuation and my focus given to organisations. The review explores why sustainability of short-term funded public health programmes, initiatives and organisations is deemed important. Multiple and nebulous definitions of sustainability which apply to public health programmes are then examined. Drawing attention to the conceptual confusion surrounding definitions, distinctions are made between the focus applied to programmes and of organisations established to implement programmes.

Following this, and to better position my empirical work within the sustainability literature, I chart the origins and establishment of the community health initiatives studied in this thesis, namely the HLC programme. In so doing, I examine the progressive focus given to health inequalities and recent conceptualisations of this term within Scottish Government policies which apply to the HLC sample under investigation. This is followed by an examination of policies which underpinned the HLCs, historical antecedents used to guide their development, and funding stipulations instructing consideration to be given to sustainability of the organisations beyond initial funding. Latterly I consider the various organisational forms that were developed using HLC programme funding along with contextual features relevant to Centres' sustainability.

In the final section I explore in more depth my decision to focus on sustainability processes. To begin I briefly review the central focus given to retrospective accounts of the extent of programme sustainability after initial funding has ended. I then examine more recent re-conceptualisations of sustainability, which suggest that an increased focus be given to prospective and system perspectives. Such re-conceptualisations are used to illustrate the need for a wider focus to be applied to sustainability processes as attempts are made to

secure continuation. I then conclude by examining what the organisational forms constructed via HLC programme funding mean when seeking to study the processes involved in attempts to attain sustainability.

2.2 What is sustainability?

2.2.1 Introduction

Etymologically, the term ‘sustainability’ has multiple origins. The word ‘sustain’ has meanings which are derived from Old French and Latin with the *sus-* prefix being a variant of the Latin *sub-* meaning ‘up’ while the stem *-tain* is derived from French *tenère* meaning ‘to hold’. Definitions in the Oxford English Dictionary (OED³) of the word ‘sustain’ comprise phrases such as “to support”, “to uphold”, “to keep going” and “to maintain the use... of”. Linked to these meanings, the transitive verb usage of ‘sustain’, implies that consideration be given to who or what enables the action or state along with who or what is impacted by the action or state. In a further derivative, again in the OED, the meaning of the adjective ‘sustainable’ relates to something “capable of being borne or endured”, “capable of being upheld or defended; maintainable”, or “capable of being maintained at a certain rate or level”. Notably, it is a further derivative, this time of the word ‘sustainable’ that marks the dictionary entry where the abstract noun ‘sustainability’ is introduced, although no further explanation is provided. According to the OED, the *-ability* suffix denotes “the capacity for or capability of being subjected to or (in some compounds) of performing the action expressed or implied by the first element of the compound”. Thus, by implication, sustainability means the capacity or capability of supporting or maintaining the use of.

The most widely used, and increasingly common, definitions of sustainability are found within the sustainable development movement, which originated with a focus on global environmental and economic issues, before later incorporating human and social dimensions. For instance, in the Brundtland Report sustainable development was defined as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs” (World Commission on Environment and Development, 1987: 43). Within this worldview, multiple definitions of sustainability have emerged, which detail perspectives about sustainable development, and include: ecological;

³ See: <http://dictionary.oed.com>

transitional and social advances; and, economic interpretations of sustainability (see Hardi, 2007).

Also within this literature, variations in definition concern different levels of programme implementation (Störmer and Schubert, 2007), including those which are global, regional, national and local, comprising both macro and micro perspectives. A macro focus tends to concentrate on issues pertaining to global sustainability such as climate change, population density, resource consumption and ecological impact (Meadows et al, 2004). Meanwhile, micro perspectives tend to focus on social and international development interventions at a local, project or single site level. Across both domains, common themes emerge with foci given to holistic and longer-term perspectives; accountability and shared responsibility; systems thinking; and equity among others (Hardi and Zdan, 1997; Leiserowitz et al, 2006). It is these latter examples and references to programme-level perspectives that enable links to be made with approaches taken to examine the sustainability of public health programmes including short-term funded community health initiatives.

In the main, studies examining programme sustainability have applied a retrospective or 'outcomes' focus to measuring the extent of continuation of health programmes with less emphasis given to systemic and holistic perspectives. As Scheirer states in the introduction to her major review of the sustainability of health-related programmes, studies examining sustainability ask: "What happens after the initial funding for new program[me]s expires?" (2005: 320). In this thesis and in contrast to numerous studies which have examined the extent of continuation of public health programmes, an account is given of the sustainability processes engaged in by stakeholders in HLCs approaching the end of external funding. As I will examine (see 2.4) my approach reflects more recent consideration given to the reconceptualisation of programme sustainability, in particular with regard to temporality (Pluye et al, 2004) and systemic accounts (Gruen et al, 2008). Such accounts emphasise a need for greater attention to be given to processes engaged in by initiatives and their stakeholders in order to secure sustainability. In contrast to retrospective studies exploring sustainability outcomes, this thesis examines stakeholders' accounts of processes surrounding their attempts to sustain organisations established as part of a major health improvement programme and prior to the end of initial funding short-term funding.

2.2.2 *Why examine sustainability of public health programmes and initiatives?*

To illustrate the ways in which an exploration of sustainability processes might be of use, it is first necessary to consider *why* there may be a need for public health programmes to be sustained. Indeed, process accounts might also be of use in illuminating findings which suggest that consideration should be given to circumstances under which discontinuation is appropriate, for example when circumstances, people, situations and problems change or when better validated, efficacious or suitable methods for addressing problems become available (Bracht et al, 1994; Glaser, 1981). Regarding continuation, several authors (e.g. Pluye et al, 2004; Shediak-Rizkallah and Bone, 1998) have outlined reasons why a failure to sustain a programme or initiative should be of concern to the communities in which they operate and to the public health professionals involved with them.

First, the termination of an initiative is considered to be counterproductive when the disease(s) or health problem(s) that the intervention was established to address remain or recur (Shediak-Rizkallah and Bone, 1998). Second, discontinuation of an initiative may occur before the activities that were established have had an effect on health (Thompson et al, 2000; Shediak-Rizkallah and Bone, 1998; Steckler and Goodman, 1989) or where insufficient time has been given to allow long-term effects to be measured (Altman, 1995). In the case of community health initiatives, community-level behavioural changes can take a long period of time for effects such as a significant decrease in morbidity or mortality to occur (Beery et al, 2005). For example, the North Karelia project reported a delay of several years before its work had an impact on changes in risk factors and a reduction in coronary heart disease within its target communities (Puska et al, 1996).

In a third reason, successful yet discontinued community initiatives have been suggested to be an investment loss for organisations and individuals given the significant start-up costs in human, capital, fiscal and technical resources involved (O'Loughlin et al, 1998; Rissel et al, 1995; Shediak-Rizkallah and Bone, 1998; Steckler and Goodman, 1989; Yin, 1979). Finally, in a fourth reason, it is suggested that when communities experience the effects of discontinued programmes/initiatives they may become disillusioned which can act as barriers to subsequent community involvement in new initiatives (Goodman et al, 1993; Shediak-Rizkallah and Bone, 1998).

Many of these perceived needs for continuation have resonance in the case of the HLC programme and might be further explored in a study of sustainability processes. This contention is founded on my prior understanding of the HLCs gained during my undertaking of the wider programme evaluation. As this study ran concurrently with a later phase of this earlier evaluation (see Chapter Four), my understanding of potential case study sites was quite extensive. With further detail on HLC construction given below (see 2.3) each site had made investments in terms of buildings, staff training and in developing partnerships between local providers and communities. For instance, in the first phase of the evaluation, managers noted threats to initial funding investments given the often unexpected length of time taken to implement and establish projects. Stakeholders also indicated challenges faced in engaging communities where previous initiatives had not been sustained. Discontinuation of previous initiatives was suggested by HLC managers to have acted as initial barriers to local communities' involvement in Centres. As well as known needs for programmes to be sustained, and in points to which I will return, a fifth reason might be considered in the case of HLCs. With work to address health inequalities increasingly coming to the fore in government policy (see below) there may have been a potential political need to be 'seen to be doing something' to continue such provisions.

2.2.3 Definitions of sustainability

The topic of sustainability has become increasingly important for those funding and implementing public health programmes, while the growth in literature surrounding sustainability has emphasised the multi-faceted nature of this concept (Scheirer et al, 2008). Yet despite advanced knowledge of public health programme planning, implementation and evaluation, "little consensus exists in the literature on the conceptual and operational definitions of sustainability" (Shediac-Rizkallah and Bone, 1998: 91). Similarly, understandings of sustainability have been termed "contradictory and fragmented" (Pluye et al, 2004: 121). This has led to multiple dimensions of sustainability competing for attention (Beery et al, 2005) while it is suggested that little attention has been paid to what is meant by 'sustainability' (St Leger, 2005). Indeed, as I will illustrate, confusion also surrounds the focus applied to programmes and to organisations, making comparison across studies more difficult.

At its most general, from a health promotion perspective, the notion of sustainability has been defined as ‘the capacity to continue to deliver benefits over a long period of time’ (Bamberger and Cheema, 1990). Delving further, other perspectives take account of organisational and community development literatures, which further expand upon definitions of programme sustainability. Definitions refer to: the continuation of public health programmes; the continuation of programmes through becoming an integral part of a host organisation; development and maintenance of community capacity; formal partnerships; the continuation of community health or quality-of-life benefits over time; policies; systems changes; environmental changes; and, changes in circumstances of clients (Åkerlund, 2000; Beery et al, 2005; Mancini and Marek, 2004; Savaya et al, 2009; Scheirer, 2005; Shediak-Rizkallah and Bone, 1998; St Leger, 2005; Stevens and Peikes, 2006; Wharf-Higgins et al, 2007).

Making comparison more difficult still, multiple terms with subtle differences in meaning have been used when referring to programme continuation. For instance, a commonly used term is ‘institutionalisation’ while others, which are similar but not identical, include: adoption, appropriation, consolidation, durability, embedding, incorporation, integration, longevity, maintenance, permanence, perpetuation, routinization and viability (see Johnson et al, 2004; Pluye et al, 2004). Indeed terms such as ‘sustainability’ and ‘institutionalisation’ are sometimes used interchangeably, although are not considered synonymous (Shediak-Rizkallah and Bone, 1998; Johnson et al, 2004). For example, commonly accepted definitions of institutionalisation refer to the integration or embedding of programmes within organisations and established institutions (Bracht et al, 1994; Goodman et al, 1993; Goodman and Steckler, 1989; Patterson et al, 1998). Further differences in terminology are evident in the U.K., in particular in references given to ‘mainstreaming’. This term has been widely used to refer to a process of legitimisation of the ways in which a project or learning derived from a project can continue to be delivered by ‘mainstream’ resources, usually provided by statutory agencies (e.g. Mackenzie et al, 2003). The relevance of this term to HLCs is introduced below (see 2.3.5) and a theoretical outline given in Chapter Three.

As suggested, I will return to several of these terms throughout this thesis, but as this overview has shown so far, definitions of programme sustainability encapsulate several related features of the phenomenon. Example definitions given below illustrate how emphases differ between: a focus given to sustaining benefits; sustaining programmes; and, sustaining community capacity:

- Sustainability is the capacity to maintain service coverage at a level that will provide continuing control of a health problem (Claquin, 1989, cited in Shediak-Rizkallah and Bone, 1998).
- Sustainability provides continued benefits, regardless of particular activities or the format (institutionalisation versus independence) in which they are delivered. It is more important to sustain benefits ... than to sustain programme activities per se (Mancini and Marek, 2004).
- Sustainability refers to the extent to which a new programme becomes embedded or integrated into the operations of an organisation in which it is housed (Goodman et al, 1993; O'Loughlin et al, 1998; Beery et al, 2005).
- Sustainability is... "The ability of a project to function effectively, for the foreseeable future, with high treatment coverage, integrated into available health care services, with strong community ownership, using resources mobilised by the community and government (WHO, 2002, cited by Gruen et al, 2008)

Common among several of the definitions given above are references to 'programmes'. These are defined as a set of durable activities and resources directed toward common goals (Wholey et al, 1994). As the reader will have noted, the term 'programme' is often used. This term has an array of meanings but often refers to the establishment of multiple projects which focus on the remediation of particular problems or which address particular target groups (e.g. cancer, cardiovascular disease, mental health, teenage pregnancy, smoking, nutrition, substance abuse, projects for older adults and projects providing family support, community health) (see Scheirer, 2005 for a more comprehensive review). Such usage and consideration of programme sustainability often takes into account programmes' implementation in pre-existing health or community organisations (O'Loughlin et al, 1998; Evashwick and Ory, 2003).

Understandings related to continuing projects established within existing organisations have led to some attempts to place boundaries on the programme sustainability literature. For instance, Scheirer (2005) suggests that programme sustainability does not pertain to the sustainability of organisations and whether funded organisations are maintained over the longer term. Rather, Scheirer suggests that this form of sustainability is examined within the field of organisational behaviour and organisational development. However, despite this

contention and highlighting conceptual confusion surrounding definitions, other authors suggest that the concept of sustainability can be applied more broadly.

Expanding on the original classification offered by Shediak-Rizkallah and Bone and highlighting the challenges of comparing findings across studies of sustainability, others have suggested that sustainability literature does apply to organisations (e.g. Stevens and Peikes, 2006). Examples include:

- Suggestions that sustainability can refer to the continuation of a programme under the original or an alternative organisational structure (Shea et al, 1996)
- In complex community initiatives (see 3.3.2), sustainability comprises: “The organisations (grantees) themselves or the projects being funded, particularly when the initiative has created new organisations or encouraged organisations to move in new directions” (Weiss et al, 2002: 5).
- “Sustainability may refer to intervention effects or the means by which these are produced – the programmes and agencies that implement interventions” (Swerissen and Crisp, 2004: 123).

Related to the reasons given above and exploring why sustainability should be considered for investigation, Crisp and Swerissen (2002) drew attention to the threats to funding investment if an initiative should close. Here it was argued that an organisation’s closure could lead to the break up of expert teams, limiting the impact that individuals who work in such teams might have in future. While many references are given to programmes, Crisp and Swerissen suggested that an examination of agency or organisation sustainability has been subject to neglect within the wider literature.

While I give further consideration to Scheirer’s contention when detailing my theoretical approach to the study of HLC organisational sustainability processes (see Chapter Three) my focus on organisations was empirically grounded. This was guided by my prior involvement in the wider evaluation and by HLC stakeholders who, during the early part of evaluation, had informed me of their intentions to attempt to secure a future for the Centres after initial funding had ended. My decision to employ an organisational focus is offered further support in a review of Scottish community health initiatives of which HLCs formed part. Published after I had begun my research, sustainability was in-part defined as: “the ability of an organisation to maintain its activities over time” (SCVO, 2006, cited in Community-led

Supporting and Developing Healthy Communities Task Group (CLTG) report on sustainability (see CLTG, 2006a; 2006b).

In summary, as this overview has illustrated, many definitions of sustainability co-exist and a number of features are considered relevant to the concept. The focus applied in many studies of programme sustainability often pertains to studies of effects, institutionalisation and to building community capacity, usually for small-scale interventions. However, other studies conflate consideration given to sustainability of programmes with that given to organisations. In this thesis I will return to the literature which examines programme sustainability in order to consider how it might be drawn upon to provide an account of sustainability processes within organisations. Meanwhile, in order to better understand my focus on sustainability processes in organisations established using programme funding, I turn now to introduce the HLCs.

2.3 The origins of Healthy Living Centres: policies and politics

In order to better situate my focus given to HLCs' sustainability processes it is necessary to examine how HLCs came to exist and to provide some background to the programme. The following section examines the origins and development of policies which informed the construction of HLCs. This is followed by an examination of criteria used by the Big Lottery Fund (BLF)⁴ to award funding and examples of similar initiatives offered as guides to HLCs' establishment and construction. By providing answers to the question, 'what is a healthy living centre?' I give an account of both variety and scale of Centres which were established and to the organisational focus I applied in my study. Latterly, attention is given to BLF advice that HLCs look to obtain support from mainstream agencies with regard to sustainability and to local contextual features that might affect mainstream agencies' roles in this process.

⁴ The Big Lottery Fund (BLF) was formed in 2003 following an amalgamation of the Community Fund and the New Opportunity Fund (NOF). The HLC programme was originated by NOF and latterly managed by the BLF. Throughout this thesis, when referring to the National Lottery, I have opted to use the latter term: BLF. The reader should note that several early publications relating to HLCs were produced by NOF and this acronym is used in references where relevant. All other references use the BLF acronym.

2.3.1 A focus on health inequalities

In a British context, the last 30 years have been marked by profound shifts in how the term ‘health inequalities’ has been defined and of Governments’ policies towards their amelioration. Throughout this section and for the purposes of this thesis, my writing is based on the premise that many of the causes and manifestations of health inequalities in the UK have been previously described (see Marmot and Wilkinson, 1999; Berkman and Kawachi, 2000). The term ‘health inequalities’ is used to refer to “systematic differences in the health of socio-economic groups” (Graham, 2006: 73) while “the concept links the health of individuals to the structures of social inequality which shape their lives” (Graham, 2004: 117).

As Williams (2003) notes, the focus given to materialist/structuralist explanations of health inequalities originated with the ‘Black Report’ (DHSS, 1980; see also Townsend and Davidson, 1982). Despite this pronouncement, debates about class and health flowing from the Black Report became ideologically polarised, although its publication, as Williams states: “opened a window not only onto the causes of premature death and long-term illness in society, but onto the structure and constitution of society as a whole” (2003: 137-138). However, as Williams goes on to outline, it was not until relationships between income inequality and quality of life in different social structures were more fully examined (e.g. Blane et al, 1996) that attention was more widely given to health inequalities (Williams, 2003). Such attention was marked by the publication of what was termed the ‘Acheson Report’ (Independent Inquiry into Inequalities in Health, 1998).

In this report Sir Donald Acheson appropriated a socio-economic model of health (Dahlgreen and Whitehead, 1991) which took into account socioeconomic status, diet, education, employment, housing and income (Exworthy et al, 2003a). Like the ‘Black Report’ before it, the Acheson Report made a large number of recommendations to address inequalities, identifying policy areas including poverty, education, employment, housing, transport, nutrition, the life course, ethnicity, gender and health care. While broadly welcomed, criticisms of the report included: the lack of prioritisation of recommendations (Illsley, 1999); a lack of specificity as some recommendations were considered too vague to be implemented (Davey-Smith et al, 1998); and, an evidence-policy mismatch (Exworthy et al, 2003b), with recommendations not grounded in evidence even though action was still considered necessary (Macintyre et al, 2001). Despite its critics, the new political climate

introduced by the 1997 Labour Government led to a number of responses which took account of the Acheson Report findings.

In a review of Labour Government policies to address health inequalities, Kelly (2006) discusses how policy responses were based upon wider thinking, concerning the role of society and individual often originating from Giddens theory of structuration (Giddens, 1984). Here, it is contended that while structure gives form and shape to social existence, structures do not themselves take the form or shape. Rather, structure exists only in and through the activities of human agents. Reformulating theories of agency, Giddens suggests that rather than merely referring to people's intentions, instead agency should be considered to comprise the flow and pattern of actions. Linking these reformulations, Giddens suggests that the relationship between agency and structure is such that it is the repetition of acts made by individual agents, which reproduces the structure. While the social structure may exist as an established way of doing things, it is also the case that changes to practices occur over space and time. Thus, Giddens suggests that the duality of structure conveys the idea that structure is both the medium and outcome of the practices which constitute social systems.

Based on this theory, Giddens' later work was used to promote new relationships between the individual and the community, along with a redefinition of rights and obligations. As such, 'Third Way' politics have been suggested to have a core concern for social justice, a desire to promote social inclusion and the fostering of an active civil society where community and state act in partnership (see Giddens, 1998). This, and a technocratic approach to appropriating 'what works', Kelly (2006) suggests, were used by the Labour Government to predominantly posit approaches to addressing inequalities suggested to be grounded in evidence of effectiveness, with less focus on links between macrosocial and macroeconomic variables and health⁵.

While the wider implications of the Acheson Report are addressed elsewhere (see Exworthy et al, 2003b), public health policy post 1997 has been suggested to have shifted from a focus primarily given to sickness services to one with a greater emphasis on population health improvement (Bauld et al, 2001). Documenting the shift, Graham (2004) examined how UK policies post 1997 had conceptualised health inequalities and how policy commitments were

⁵ Exceptions to this focus and introduced by the Labour Government include the introduction of the Working Families Tax Credit and the National Minimum Wage (see Sefton, 2002).

differentiated according to their focus on remedying health disadvantage, narrowing health gaps or reducing health gradients.

It is in the first of these understandings that the policy underpinnings of the HLC programme can be seen. In giving a focus to health disadvantage, Graham contends that health inequalities are viewed as the poor health consequences of poverty, such that health disadvantages result from social disadvantage. Continuing, Graham argues that linking social and health disadvantage in this way "... provides a bridge between the public health and social exclusion agenda" and enables a combined approach to be taken to tackle health inequalities and social exclusion (2004: 119). However, Graham argues that such an approach serves to turn socioeconomic inequality from a structure which impacts on all, to a condition which only affects those who are at the bottom. Graham continues, arguing that in a society where the overall rates of health are improving, approaches which attempt to bring about absolute improvements in health of those deemed worst off may be insufficient to bridge the gap between worse and better off; in effect absolute improvements may be associated with widening inequalities (Graham, 2004; 2006).

Notably, and in points to which I will return when examining HLC sustainability, the Acheson Report was critical of the merits of providing help targeted towards the most disadvantaged groups in society. Instead, and linking with later attention given by Graham to understandings of health gaps and health gradients, Acheson recommended that all health-related policies give a focus to amelioration of health inequalities. Indeed, more recent critiques highlight the limitations of single service delivery models which focus on particular groups (Rankin et al, 2009). However, at the time, several examples devised following the 1997 election fit Graham's health disadvantage/social disadvantage understanding of health inequalities. In such initiatives, targeted proposals were developed to address specific areas with the greatest needs (Baggott, 2004) and were delivered through coordinated action between local agencies (Hills and Stern, 2006). One such proposal was the HLC programme, as the following examination of policies which led to its establishment will illustrate.

2.3.2 Policy foundations of the HLC programme

The commitment to develop a UK-wide HLC network was made public in July 1997 in a White Paper entitled 'The People's Lottery' (Department for Culture, Media and Sport,

1997). This set out government plans to reform the National Lottery, including proposals to launch several new programmes, one of which was the Healthy Living Centre programme. This was in response to forecasts that the Lottery was likely to make an additional £1 billion per year over and above its original predictions for spending on good causes. This led the Government to introduce legislation to establish the New Opportunities Fund to distribute these monies. As I will illustrate, longer-term sustainability was integral to HLCs' establishment.

During parliamentary debate, the original proposals regarding funding arrangements for the HLC programme were criticised by parliamentarians who claimed they breached the founding values of the Lottery and broke the principle of additionality. Potentially limiting any future role for the state when considering HLC sustainability, this principle assured that Lottery funds would not be subsumed into public expenditure⁶. In response to these points, the then Secretary of State for Culture, Media and Sport, Chris Smith, argued that the "lottery is providing support for those projects that are not the province of the Exchequer and the taxpayer..." (House of Commons Library, 1998: 60). During the Second Reading of the Bill in the House of Lords, Lord McIntosh restated that the principle of additionality would not be breached. Referring to the size of the initiatives that were proposed he suggested that "Additionality can also be achieved by providing support in particular sectors on a scale which has never been affordable before. It might mean making available across the country what previously has been possible only on a very small scale and for those who could afford it. That is true of... the healthy living centres" (House of Commons Library, 1998: 78)⁷. In effect Lottery support for HLCs services went beyond what would ordinarily be supported by taxation (Department of Health, 1999a). Furthermore, this statement draws attention to the large size of the programme and exclusive funding provided to establish HLCs.

Making explicit reference to sustainability of the new organisations, legislation enacting the programme was constructed so that it was funded separately from central Government and with the proviso that Centres would demonstrate "viability, without Lottery funding, for the longer term" (Department for Culture, Media and Sport, 1997). In parliament, the continuation of Centres was promoted at the outset, as Lord McIntosh discussed the

⁶ This point was made by Shadow Secretary of State, Francis Maude, in response to the Minister's statement about proposed changes to the National Lottery (House of Commons Library, 1998: 59-60).

⁷ Arguments regarding the principle of additionality were a prominent feature during the legislative consultation process as well as during the passage of the Bill through both the House of Commons and House of Lords. Lord McIntosh referred to the discussion surrounding the principle as "the most important single issue in the Bill" (House of Commons Library, 1998:78).

commitment to roll out the programme at a pace which enabled the development of “centres... which are well planned, properly supported and [which] will last well beyond the period for which they will receive Lottery funding” (House of Commons Library, 1998: 70).

Following its introduction in the People’s Lottery Bill, greater detail regarding the HLC programme was given in the consultation Green Paper produced by the Department of Health (1998a) – Our Healthier Nation⁸. This document stated that HLCs were to be:

“...local flagships for health in the community, reaching out to people who have until now been excluded from opportunities for better health, and being powerful catalysts for change in their neighbourhoods...” (Department of Health 1998a)

When considering sustainability, HLCs’ targeted focus highlighted how attention to meeting and responding to local needs would be of importance in determining Centres’ continuation. In contrast to Acheson’s calls to avoid developing targeted programmes, the introduction of the HLC programme demonstrated the Labour Government’s then broader policy commitment to implementing neighbourhood-based approaches to address the needs of those in poorest health living in the most deprived areas (Hills and Stern, 2006). Hence, HLCs’ establishment reflects Graham’s analysis of the focus given to addressing health disadvantages arising from social disadvantage as shown in the following policy statement:

“Healthy Living Centres will be particularly important in the most deprived areas and for those people in poorest of health or who find existing health and fitness facilities off-putting or difficult to get to...” (Department of Health, 1998a).

Drawing attention to how a focus might be applied to Centres’ organisational structures when examining sustainability, advice was given to applicants for HLC funding to concentrate on implementing a social model of health, but with “no central blueprint” (New Opportunities Fund (NOF), 1999) specified⁹. Funding criteria did not prescribe the use of lifestyle behaviour models, thus enabling HLCs to address wider social, economic and environmental influences on health. Furthermore, the Green Paper highlighted the involvement of communities, suggested to be central to the success of interventions that

⁸ The Scottish Green Paper - Working Together for a Healthier Scotland (The Scottish Office, 1998) introduced HLCs in Scotland, although the main detail is contained in the English policy equivalent.

⁹ The lack of a “blueprint” for HLC applicants accords with attention given by Schofield (2004) to a need to develop process accounts of implementation to address ambiguity within public policy. Such a rationale guided attention to processes of implementation and attempts to make links with health outcomes in the first phase of evaluation (see Platt et al, 2005a).

address health inequalities. In conjunction, this notion took into account the Government's focus on seeking an agency-structure solution, indicating that HLC construction:

“...will provide opportunities for local community action to improve health and for individuals to take responsibility for improving their own health... The intention is to encourage innovation and energy in developing new and imaginative ways of responding to local needs” (Department of Health, 1998a).

Furthermore, Centres' terms of establishment illustrated a need for exploration of sustainability processes surrounding wider involvement in partnership work given that the programme was established with agencies encouraged to work together on shared concerns (Hills and Stern, 2006). This was a feature that was central to a majority of area-based initiatives devised around this time, including Neighbourhood Renewal and Health Action Zones (Peters and Goyder, 2006; Barnes et al, 2003)¹⁰. Following the Green Paper, the UK Government launched the Saving Lives White Paper (Department of Health, 1999a)¹¹, committing the Government to the establishment of the programme.

As implied these policy origins flag up several features relevant to Centres' potential sustainability. For instance, HLCs' work was considered by its developers to enable service delivery over and above levels of provision which would ordinarily be funded through central government budgets. Although mandated by central government, no guarantees were given that state funding would be used to sustain HLCs. With the programme established outside of state funding, HLCs' founding criteria appear to limit options to obtain future support for sustainability from statutory organisations and of making approaches to the Exchequer. Furthermore, instructed to focus on deprived communities and neighbourhoods, HLCs were restricted to particular types of target groups they might work with. With these limitations in mind and with policies at the time of their establishment focused on neighbourhoods, there were no guarantees that such a focus would continue to apply when seeking sustainability.

¹⁰ See Regional Co-ordination Unit (2003) for further detail on area-based initiatives.

¹¹ The Scottish equivalent was the White Paper: Towards a Healthier Scotland (The Scottish Office, 1999).

2.3.3 HLC application and guidance on offer to potential applicants

Bids for HLC funding were first sought in January 1999. A total of £300 million was made available across the UK to be allocated over the period up until 2002-2003. Funding was divided between England, Scotland, Wales and Northern Ireland, with the financial split based on the population of each country. Scotland received 11.5% (£34.5 million) as its share¹². Mirroring the legislative process which had enabled it, the BLF reiterated the additionality of HLC funding. Applicants were informed that successful bids would be funded for HLCs that sought to “Promote good health in the broadest sense”, that would “Target areas and groups that represent the most disadvantaged sectors of the population” and, “Reduce differences in the quality of health between individuals and improve the health of the worst off in society” (NOF, 1999: 7).

Linking Centres to Government policy, applicants were asked to reflect national and local public health and health improvement plans. As trailed in the Government bills, no standard blueprint was given by the BLF other than to state that: “[HLCs] will all focus on the wider determinants of health and address factors such as social exclusion, mental health, poor access to services, and the social and economic aspects of deprivation”. In suggesting that innovative ways of working would help overcome the challenges faced by targeted communities, the funding body outlined that “It is unlikely that most projects will be a single “centre” or new buildings. In many cases, we would expect them to be programmes of activities rather than places or buildings” (NOF, 1999: 7). Continuing, the application criteria specified that HLCs should: “Be supported by a broadly based partnership, which includes the statutory, voluntary, community and private sectors” and that “The local community is involved in all areas of project planning, development and management” (NOF, 1999: 11-12).

Widely considered to be an important influence affecting the likelihood of sustainability (see 3.3.3) and meriting attention in this thesis, applicants were required to put monitoring and evaluation procedures in place so that “The progress of the project can be monitored and the impact of the grant measured” (NOF 1999: 12). However, despite the commissioning of

¹² Although devolution led to the creation of the Scottish Parliament in May 1999, the Lottery remained a reserved matter with decisions made by the UK government. To achieve a fair distribution of grants, distributors, including the BLF, were required to take into account the different institutions and circumstances that exist in the four countries comprising the UK. Latterly the Scottish Executive, now Scottish Government, is consulted about the policy implications of lottery funding (The Scottish Parliament Information Centre, 2001).

much programme-wide evaluative work¹³, little guidance was offered to HLCs regarding their own local evaluation (Platt et al, 2005a). Finally, applicants were required to seek a proportion of Centres' funding from other sources over the lifetime of the Lottery grant and that they ensure "That there is a sensible funding plan to sustain the project in the long-term" (NOF, 1999: 12). Although this attention to funding was reiterated in guidance given by the Department of Health (1999b), no further information regarding sustainability was provided at this stage.

Although recent studies have over time helped to demonstrate the efficacy of some community-level health interventions (see Bauld et al, 2001; Hills, 2004; Howse, 2003), at the time of the HLC programme's inception, the evidence base in the UK was not well established (Hills and Stern, 2006). Instead, and to help inform Centres' design, a discussion seminar (Department of Health, 1998b) to launch the HLC programme drew on the work of the Pioneer Health Centre in Peckham (see Ashton, 1976). In Peckham, following a 'pilot project' which ran from 1926 until 1929, money was raised to build a purpose-designed centre, which opened in 1935, to provide a combination of leisure opportunities, nutrition information, health and education. The centre was designed and constructed to enable ease of access between areas where social and leisure activities were delivered, encouraging informal contact and social interaction (Stallibrass, 1989). Thus, the Peckham centre operated on the principle that social and environmental influences were central to the maintenance of healthy communities and individuals (Hills and Stern, 2006).

Operating until the outbreak of war in 1939, the Centre was closed and the building turned over to become a munitions factory. In 1945, concerted efforts by its members led to the Centre reopening for several years. However, a lack of funding and a lack of interest by the government of the day, led to its closure in 1950. At the time, a statistician sent by the NHS to examine much of the qualitative data which remained was unable to find evidence in support of the centre remaining open (Hills and Stern, 2006). Drawing attention to attempts to sustain such an approach, this was an early example, these authors suggest, of difficulties faced by innovative projects seeking to obtain continuation funding (2006: 395).

¹³ The HLC programme was to be subjected to external evaluation at a number of levels. This included a national evaluation conducted by the Bridge Consortium (see Bridge Consortium, 2007) and evaluations at regional levels. Further detail on how some of these evaluations affected this study is given in Chapter Four.

Furthermore, Stallibrass (1989) wrote that Government departments responsible for health were unable to envisage a fit between the Pioneer Health Centre and the then newly established NHS, particularly because it was not open to everyone and because it used a subscription-based membership. Such an account has resonance with HLCs' founding principles of additionality and raises potential issues related to longer-term sustainability. How, for instance, might statutory sector organisations which have responsibility for providing services to entire populations take into account the often localised and specific target group focus applied by HLCs? This question implies that examination be given to how HLCs might in future fit within wider health sector structures and is explored in more detail in this thesis.

Despite the failure to sustain the Peckham project, the model it employed can be seen as an originating focus point for the HLC programme and some Centres' construction (e.g. Department of Health, 1998b; NOF, 1999; Howse, 2003). Furthermore, other innovative community-level initiatives were used as examples of best practice to stimulate thinking about how an HLC might be constructed (Department of Health, 1998b; NOF, 1999). These included: a health board and local authority collaboration; a centre specialising in community development, the provision of exercise facilities and health information; a young persons drop-in; a seniors resource centre; collaborative projects involving health, social and leisure services; community food co-operatives; and, a community health service providing counselling, complementary therapies and stress management. In a point revisited when examining influences on and features of sustainability (see 3.3.3), several of these long-established projects had undertaken gradual changes to structures over the years (e.g. Bromley-by-Bow Centre¹⁴). How then was such information translated when HLCs were developed?

2.3.4 What is a healthy living centre?

While my choices of case study sites are introduced and described in Chapter Four, variation between individual Centres' designs and local contexts highlights a need to explore how different constructions of HLC might be sustained. In a review of English sites, Centres were described as “a new and distinctive way of engaging with the public, utilising: high levels of community engagement; voluntary sector delivery models; a bottom-up approach to service

¹⁴ See <http://www.bbbc.org.uk/>

design; and a focus on finding local solutions to local problems” (Accenture, 2004: 8). However, as a consequence of the expansive remit permitted in the programme, the sheer variety of HLCs developed led to challenges in providing definitions, as Centres were established that had different types of structure, partnership arrangements, variation in extent of community engagement, and variation and evolution of activities/services over time.

In seeking to provide categorisations, the final Bridge Consortium report (Bridge Consortium, 2007), which detailed findings of the UK-wide evaluation of HLCs, reviewed how initial attempts to distinguish Centres had used four key characteristics. These were suggested to represent a cross section of different types or clusters of Centre and included: networks comprising partnerships of existing organisations; single-focus centres (e.g. focusing on young people, families or older people); Centres with a close link to the health service (either as lead agency or major additional funder); and Centres with a strong community focus. Although the Bridge Consortium found a small number of ‘pure’ instances, boundaries were suggested to remain quite blurred.

The Bridge Consortium latterly made distinctions between HLCs along four key dimensions. These comprised: structural variations (including physical location, networks or virtual HLCs, or a combination ‘hub and spoke’ model); variations in orientation to health and health inequalities; variations in relationship to the statutory sector; variation in focus (single or broad); and, variations in importance attached to working with the community. Highlighting a central feature of community health programmes, and where a process perspective applied to local contexts might prove valuable, Hills states how: “each programme, even when part of a national initiative, is therefore unique, and any attempt to standardise them would run counter to the rationale of the approach” (2004: 7).

While these dimensions illustrated variation across the programme, the Bridge Consortium also identified common similarities better to define HLCs. Here the Consortium highlighted that activities provided by Centres were always embedded in larger structures of varying forms, which were used both to deliver work and to enable new activities/services to be developed and supported, taking account of local communities’ needs and partners’ resources. Based on this understanding, the Bridge Consortium suggested that HLCs shared features with the notion of ‘platforms for innovation’ (Department of Trade and Industry 2006, cited by Bridge Consortium, 2007) and which helped bring together agencies to address societal challenges. Furthermore, HLCs were suggested to share a similarity with

‘community anchor organisations’ (Home Office, 2003, cited by Bridge Consortium, 2007), which help facilitate local community development and coordinate local infrastructure needs. Such features have resonance with the ‘community-led’ aspects of work which inform many community health organisations’ work in Scotland (see Dailly and Barr, 2008)¹⁵.

Such features demonstrate how recent formulations of community-level initiatives have been as much about the creation of an infrastructure (e.g. partnership working; community development functions) as they are about delivering specific activities and services (Hills, 2004). In the case of HLCs, definitions pertain to Centres’ role and capacity to generate and support further innovations at a local level. In relation to sustainability, such investment of resources in developing HLC infrastructures suggests that a loss would be incurred should the organisations close (e.g. O’Loughlin et al, 1998). Similarly, with a policy impetus directed towards community involvement continuing and expanding over time (e.g. Department of Communities and Local Government, 2008; Scottish Executive, 2005a), curtailment of HLCs might signify a loss of investment in communities and challenges in ensuring future such involvement in any new initiatives (e.g. Shediak-Rizkallah and Bone, 1998).

2.3.5 Early consideration given to HLC sustainability: mainstreaming

While wider theoretical examination of mainstreaming is given in Chapter Three, the suggestion that Centres’ continuation might in some way depend on approaches made to statutory agencies suggests further scope to explore sustainability processes. Although limited guidance was given prior to bidding for funding, potential applicants were advised to consider the future of HLCs with regard to roles for mainstream funding agencies following the termination of external, BLF funding. In a seminar which introduced the HLC concept, it was suggested that: “Long term sustainability [of HLCs] will depend on how far existing mainstream funding bodies can redirect their efforts to support projects and participation by people from deprived neighbourhoods” (Department of Health, 1998b: 40). Ways in which sustainability processes associated with mainstreaming might be explored can be drawn from

¹⁵ Community-led health activity is based on the premise that through engagement with the community, action is undertaken to increase the competence, confidence and skills of community members. The intended result of such interventions is the establishment of a number of organised community responses to health issues (for more detail see: Dailly and Barr, 2008).

consideration given to this concept by the consultancy firm Accenture, contracted by the BLF to provide support to English HLCs.

In early consideration given to HLCs, Accenture suggested that mainstreaming might involve a refocusing of mainstream resources to address deprived communities' needs and/or that mainstream funding resources could be used to continue existing HLC projects. Both options were noted to involve Centres' closer association with priorities determined by funders. Thus: "Mainstreaming involves HLCs moving significantly into the statutory sector ... For some HLCs this is likely to involve statutory bodies taking over the running of their projects and the closure of a 'Healthy Living Centre' as a discreet entity. For others, a 'Healthy Living Centre' may continue to operate, but may largely be funded and governed by a statutory partner and delivering projects closely aligned to their goals" (Accenture, 2004: 15). Continuing, Accenture suggested that mainstream funding might benefit HLCs by providing more stable long-term resources and access to skill-sets such as finance operations located within partner organisations. Furthermore, from a strategic perspective, it was suggested that HLCs might be able to 'reshape' and refocus statutory services better to address target users' needs. Similar attention to mainstream funding for Scottish HLCs was discussed in a report produced by the CLTG (see CLTG, 2006a).

Such consideration offers scope to compare and contrast the attention given to mainstream funding in different constructions of Centre. This contention and exploration of mainstreaming in my study is further supported by suggestions made in the Accenture report which proposed that different models of HLC might be better placed to be in receipt of mainstream funding. Specifically, it was suggested that mainstreaming was likely only to be relevant for Centres already aligned to the statutory sector. Continuing, the report suggested that Centres delivering to small target groups might be less eligible to draw on mainstream funding as statutory sector interest was more likely to be aligned with HLCs operating across broader community bases. Further exploration of mainstream support for HLCs might also take into account several of the issues explored by CLTG, who found that there are often restrictive criteria on what public bodies will fund, where criteria often change and where availability of funds differs year by year (see CLTG, 2006a). Process exploration might aid examination of such contentions and issues.

Summarising, for HLCs who might consider mainstreaming, Accenture advised: that business plans be devised that demonstrated impact on statutory objectives; that strong

relationships be developed; and, that attention was given to managing transitions of projects and their staff. Notably, the report indicated that while some Centres had strong statutory foundations, others were confronted with ambivalent degrees of support from such partners. Concluding, Accenture suggested that it was important for evidence to be provided to enable statutory agencies to consider mainstreaming more seriously. Each of these issues further emphasises how attention might be given to the processes which underpin any discussion surrounding mainstreaming.

2.3.6 The changing policy and health sector landscape

With relevance to how mainstream funding might be considered in relation to Centres' sustainability within my sample, it is necessary to take into account how the introduction of new national policies might affect mainstream agencies' engagement with HLCs. Early mentions of HLCs within Scottish policy documents were descriptive and focused on the potential contribution that HLCs offered to improve health in areas of socio-economic disadvantage (Scottish Executive 1999; 2000; The Scotland Office, 1999). Toward the end of phase one of the Scottish evaluation of HLCs, the introduction of new policies and ways in which they affected existing health structures were noted by Centres' stakeholders and suggested to be likely to impact on sustainability planning (Platt et al, 2005a).

In Scotland, increased attention given to HLCs emerged in the White Paper: Improving Health in Scotland – The Challenge (Scottish Executive, 2003a) with particular prominence attached to Centres' roles in provision of community-led services. Within this policy document HLCs were noted to be one of several community health initiatives intended to support the development of healthy communities. Such initiatives were suggested to place a focus on improving health, reducing health inequalities and contributing to community involvement and empowerment agendas. This policy document also drew attention to and linked HLCs within the then newly developing community planning process and community planning partnerships (CPPs) initiated in further legislation (see Scottish Executive, 2003b). Further legislation of relevance to HLCs involved the introduction of community health partnerships (CHPs) (Scottish Executive, 2004a) which drew attention to wider use of community-led initiatives and HLCs' roles in addressing inequalities. Further explication of these partnerships and their relevance to my exploration of Centres' sustainability is given below.

Community Planning Partnerships (CPPs)

The community planning process was devised as a framework to help develop the organisation of and aid responsiveness by public services to the needs of local communities. Central to this mandate was the development of structures and processes to ensure that local community and statutory organisations worked together to improve the quality of people's lives by providing appropriate, effective and joined up services. Intrinsic to this process was the development of joint strategic visions, the central facilitating role of local authorities and the imperative to enable communities to participate effectively (Communities Scotland, 2003; Scottish Executive, 2003c).

Guidance within legislation suggested that local authorities might, among a range of other organisations, approach community and voluntary organisations, to obtain a range of local people's views including those deemed 'hard to reach'. Often several CPPs were devised within local authority boundaries and guidance was loosely defined to take into account the circumstances of particular communities. Central to the process was the recognition that CPPs would form the over-arching partnership within an area, with the aim that this would help to build upon established networks and to rationalise or improve partnership working in order to make it more effective. It was also anticipated that CPPs would help to coordinate delivery of and influence development of national and local priorities, while ensuring that sensitivity was given to local needs and circumstances (Scottish Executive, 2003c).

Of particular relevance to some HLCs was the introduction of the Community Regeneration Fund (CRF), which replaced previous Social Inclusion Partnership (SIP) funding through which several Centres had initially been part-funded. Instead, social inclusion and regeneration initiatives were to be drawn into mainstream decision-making structures, by mandatory integration of SIPs into CPPs (Carley, 2006). While Carley (2006) acknowledged that the integration of initiatives targeting social inclusion into CPPs might benefit the establishment of a more inclusive participation process, concerns were made evident regarding CRF funding and the potential impact that this might have on community organisations formerly supported by SIP funding (Carley, 2004). Under the new structure, criteria for disbursement of CRF funds were at the time contingent on addressing regeneration outcome agreements, targeting the 15% most deprived communities identified by the Scottish Index of Multiple Deprivation 2004 (SIMD, 2004).

Thus the establishment of CPPs highlighted the increasing attention given to and wider roles for community participation, and of the emphasis given to specific deprived communities when decisions were to be taken regarding allocation of resources. Whether HLCs in their present form met such criteria and whether they might be able to adapt their services to better address such CPP-defined outcomes requires examination of processes involved in decision-making. Fieldwork at HLCs took place at a time when CPPs were beginning to roll-out and their effects on discussion of sustainability are explored within my findings.

Community Health Partnerships

Further structural changes that were taking place at the time of my study involved the establishment of community health partnerships (CHPs) (Scottish Executive, 2004a). CHPs were set within the over-arching CPP framework and marked the evolution of local health care cooperatives (LHCCs) to better plan and deliver NHS services to meet the needs of both patients and local communities. In the mandate that led to their establishment NHS boards were charged with developing partnerships with local authority services, and to seek involvement from local people, patients and health care professionals. These partnerships were intended to have greater responsibility toward and influence over the deployment of health board resources.

Of direct relevance to HLCs and central to the establishment of CHPs was the requirement that they work within CPP frameworks to address health improvement and tackle health inequalities through promoting policies that addressed poverty and deprivation. Specific references in the guidance which led to their establishment, indicated that CHPs were to focus on closing the health gap and reduce health inequalities by addressing specific communities' needs and especially those of disadvantaged communities (Scottish Executive, 2004a). With such a mandate, policy guidance suggested that CHPs adopt a wide perspective on health, taking into account a focus on physical, mental and social wellbeing as well as a more traditional focus on absence of disease. Key to community involvement was the emphasis given in the Scottish Executive policy document: Improving Health – The Challenge (Scottish Executive, 2003a). In this document, and highlighting how national characteristics might influence HLC sustainability, national and local priorities were to be jointly considered.

Further guidance drew attention to CHPs roles in relation to CPPs and of how they might develop Joint Health Improvement Plans, which took into account other resources such as

CRF funding with mentions also given to the HLC programme. Such remits brought to the fore complex issues surrounding how distribution of funding would have to take into account: traditional NHS services; services provided by independent contractors; services provided by partnerships; and, wider community-level partnerships. However, it should be noted that at the outset of their establishment, attention was drawn to how CHPs might impact on local structures, relationships between partners and cultural changes within organisations. Such CHP features and the processes which HLC stakeholders engaged in when considering how these might influence sustainability are explored in the findings chapters.

2.3.7 Summary

As this historical examination of HLC origins has illustrated, Centres were established by the 1997 Labour Government as a central programme to address health inequalities in deprived communities. While the programme remit left open many possibilities for Centres' construction, the policy guidance, parliamentary debate and advice given to applicants all placed an emphasis on longer-term sustainability of HLCs. From their initiation HLCs were advised to approach and consider the roles of mainstream agencies when examining continuation. Notably, and following soon after Centres' implementation, mainstream agencies began to undertake transformation that would affect how future approaches to addressing health inequalities would be constructed.

With multiple references made to potential future roles for mainstream agencies in assisting HLC sustainability, how then might wider sector changes impact on discussion surrounding Centres' continuation? For instance, how are the infrastructures established by HLCs and sites' mandate to be responsive to evolving community needs taken into account when seeking to reconcile sustainability with wider changes underway within health and community sectors? Such questions flag up the importance of taking a prospective approach to explore ways in which sustainability processes are discussed within HLCs. Returning to empirically-based work, the following section examines how sustainability has been considered across studies of health programmes and recent re-conceptualisations, which highlight how a focus given to temporalities and to processes might be approached.

2.4 Accounts of programme sustainability

With regard to the overview of HLCs given above, it is evident that consideration of longer-term sustainability requires attention be given to processes and to Centres' future fit within an evolving health sector landscape. However, studies of sustainability more often focus on examining the outcomes of such processes. For instance, Shediak-Rizkallah and Bone discuss how the term sustainability refers to the "long-term viability" (1998: 87) of programmes. This has led to a focus applied to retrospective assessments of the extent of continuation at varying periods of time after initial funding has ended. In this section I will briefly examine retrospective accounts of sustainability. Then I will examine recent suggestions that have begun to re-conceptualise the notion of programme sustainability and which offer greater scope for examining processes engaged in by HLC stakeholders prior to the end of external funding.

2.4.1 Retrospective accounts of programme sustainability

Empirical studies of programme sustainability have approached its measurement using various quantitative and qualitative research methods. I have chosen not to attempt to independently review the myriad studies which have sought to measure sustainability. This decision took account of the different aims of my study and the focus given to examining processes. As HLCs were still in their operational phase, measurement of sustainability outcomes would require a further study at a later point in time. Instead, I have drawn on several studies' findings including Scheirer's review of programme sustainability (Scheirer, 2005) to highlight the mostly retrospective focus applied and variation in methodologies used when attempts have been undertaken to examine programme continuation.¹⁶

In the literature, the focus given to exploring sustainability and explaining why it did or did not occur applies to studies that report findings after external funding has ended (Scheirer, 2005). It has been suggested that precise assessments of sustainability are difficult to make when examining the existing literature due to the different definitions applied to determination of sustainability and because of the range of time periods studied (Savaya et

¹⁶ Similarly, Schofield and Sausman (2004) have noted that less attention has been given to the exploration of processes in studies of implementation of public policy. This, Schofield and Sausman suggest, is due to the greater difficulty associated with the design and conduct of an empirical investigation of organisational processes.

al, 2009). For instance, reviews of programme sustainability highlight how measurements of continuation vary between those taken approximately one year after external funding ends, to those operating more than fifteen years later (Gruen et al, 2008; Savaya et al, 2009; Shediak-Rizkallah and Bone, 1998).

Undertaking a systematic review which examined the sustainability of health-related projects in several studies, Scheirer focused on instances where data was collected between one and over fifteen years after external funding had ended. While the review also helped to summarise factors thought likely to influence sustainability (and to which I return in Chapter Three), key aims were to demonstrate the extent and types of sustainability achieved. In this review, a retrospective focus was applied to measuring the outcomes of sustainability with no attention given to whether studies examined the process itself. Highlighting the difficulty in reviewing such diffuse literature, Scheirer's noted how "the growing literature on the general theme of what happens to projects after their initial funding ends has not yet coalesced into a single research paradigm, a shared set of statistical methods, or even a common terminology" (Scheirer, 2005: 321).

Scheirer's review draws attention to the preponderance of 'stage' models of sustainability, such that sustainability is considered to follow after a programme has been initiated, developed and implemented (Pluye et al, 2004). In the review a focus is given to measurements of the extent of sustained benefits, institutionalisation and community capacity. Of the nineteen studies selected for review, each concerned the sustainability of particular projects initiated as part of a larger programme. None of these equated with the wider community-level infrastructure development approach to addressing health inequalities and health improvement promulgated by the HLCs. For instance, studies focused on heart health interventions (Bracht et al, 1994; O'Loughlin et al, 1998), gerontological health (Evashwick and Ory, 2003); smoking cessation (Thompson et al, 2000); teenage pregnancy and substance abuse (Paine-Andrews et al, 2000); and breast cancer screening (Shediak-Rizkallah et al, 1997).

As might be expected from the different types of projects these studies examined, methods used were found to vary widely, although a predominant number employed mail or telephone surveys. A total of eight studies were found to use mixed methods, drawing both on surveys and interviews with project personnel. Often critical of the methods used, Scheirer highlighted how several studies used only one informant per site to seek

information on its current status. Meanwhile several studies gave no indication of the numbers of respondents contacted, all of which makes validation of responses difficult to undertake. Again, considering the retrospective focus in studies of sustainability, Scheirer highlights that there is “no commonly accepted time point for defining when a program is sustained” (2005: 334).

While Scheirer focuses exclusively on programme sustainability, it is worth noting a key limitation with regard to the focus which studies that were reviewed applied to sustainability. Highlighting how studies in the review often only contacted sites studied at one point in time, Scheirer notes that this omits a focus given to “a trajectory of events that might affect sustainability” (2005: 334). With an increase in attention given to a processual view of implementation of public policy associated with attempts to study dynamic aspects such as decision-making, negotiation and conflict (see Schofield, 2004), how might the study of processes be applied to the study of HLC sustainability?

2.4.2 Re-conceptualising programme sustainability: the importance of a focus on temporality and systems perspectives

This section will illustrate the impetus for a greater emphasis to be given to longitudinal accounts of sustainability processes. This draws on studies, such as those explored by Pluye et al (2004) where a focus was placed on the importance of temporal aspects of sustainability. In conjunction, in a recent study, Gruen et al (2008) have constructed a planning model, which emphasised that a focus be given to wider systems and evolving relationships between system elements when attention is given to sustainability. While it is notable that there has been an increase in calls to reconceptualise programme sustainability, such accounts have existed for several years. For instance, in the seminal paper written by Shediak-Rizkallah and Bone, it was suggested that the “broadest” (1998: 106) perspective on sustainability applied to sustainable development and the systems approach inherent in the context of wider ecological sustainability.

Seeking to reposition the temporal consideration given to sustainability, Pluye et al undertook a review of eight studies and presented arguments suggesting that a greater emphasis be given to longitudinal accounts of sustainability processes. In their review Pluye et al illustrated how programme development has often been modelled as a linear sequence

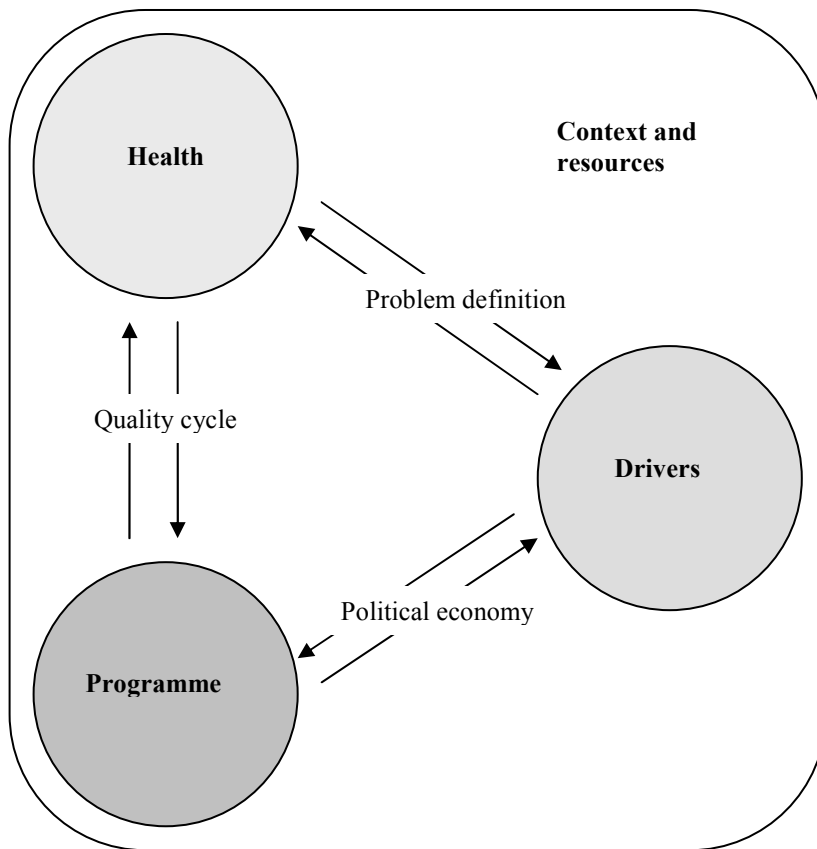
of events. Although various labels have been applied, chronological sequences typically involve planning, implementation, evaluation and sustainability (see also Johnson et al, 2004; Scheirer, 2005). Following planning, an implementation phase usually involves deployment of external funding. The cessation of such funding corresponds with the end of an implementation phase and undertaking of an evaluation, which may be followed with the beginning of a sustainability phase. Pluye et al argue that stage models are deceptive as no account is provided of the recursive or reflexive character of sustainability, nor continuous adjustments that shape the sustainability process (2004: 126).

Other studies have also highlighted the need for greater attention to be given to temporal sustainability processes. For example, Scheirer illustrated how several studies in her review often latterly suggested that sustainability might be better considered as a “continually evolving process in the life-cycle of a project, which begins before the end of initial funding” (Scheirer, 2005: 340). Related to this contention and having sought to examine the extent of sustainability of a set of community-based health projects for older adults, Evashwick and Ory (2003) concluded that further work should consider a conceptual model that incorporated a way of capturing dynamic changes in sustainability processes over time. Similar arguments were mooted by Johnson et al who, when devising a planning model to examine how those operating substance abuse programmes might plan ahead, suggested sustainability of innovations to involve a continual “change process” (Johnson et al, 2004: 137).

In other reconceptualisations, a focus given to wider systems has been mooted by Crisp and Swerissen (2002) who contend that the continuation of agencies/organisations is better served by a focus given to emergent needs of clients, community, staff and health care structures. The longitudinal study of processes was also advocated by Gruen et al who suggested that programme sustainability literature should apply greater emphasis to a wider focus on holistic, longer-term perspectives and systems thinking (Gruen et al, 2008). Based on their review of sustainability science Gruen et al discuss how living organisms are continually engaged in a set of inter-related interactions with every other element constituting the environment in which they exist (see Willis, 1997). Applying this to public health, Gruen et al contend that sustainability of programmes should examine “interactions” (2008: 1579) in health-care systems. Drawing on structurationist arguments (Giddens, 1984) it is argued that interactions between health system components are dynamic processes, each influencing the other (Plsek and Greenhalgh, 2001).

This structurationist theorising is evident in the model proposed by Gruen et al (see Figure 1) and which has latterly helped direct my attention during analysis to the study of dynamic processes when exploring sustainability in HLCs. In their model Gruen et al suggest that viewing health programmes as elements within larger systems enables an emphasis to be given to dynamic and temporal interactions between programmes, communities and other stakeholders. Drawing on findings from across studies of programme sustainability, the planning model of health programme sustainability comprises of three inter-related elements: the health concerns in question, programme interventions to address these concerns and, the positive and negative drivers of programmes.

Figure 1: A system for sustainable health programmes (Gruen et al, 2008: 1584)



Given the breadth of ways in which programmes, including HLCs, are constructed, the model is useful in helping to further frame and guide a focus which takes into account the contingency of contexts when considering sustainability (Scheirer, 2005). In the Gruen et al

account, the emphasis on processes relates to suggestions that health concerns, programmes and drivers are located within contexts comprised of sociocultural, political and health system characteristics, and by what the authors claim to be often fixed limits on availability of resources. To understand sustainability requires a focus be given to processes which require examination of the needs of those considered as “drivers”, who include: funders, managers, policy-makers and local community leaders. Further attention to process surrounds the focus given to addressing evolving needs in terms of population health. Such understandings resonate more widely with ways in which HLCs were constructed.

Highlighting the likely importance of structurationist influences on HLC sustainability processes, the model proposes several bi-directional relationships between its components. Terms such as “political economy” refer to bi-directional relations between stakeholders, which takes into account the availability of resources and benefits which might be accrued by a programme. This is suggested to enable a focus to be given to the relative merits of programmes and acknowledges the existence of other programmes operating within particular contexts. The model also highlights the bi-directional relationship between population health and programme design, taking into account a need to align and modify forms of service delivery better to respond to changes in understanding of programme effectiveness and in target populations’ needs (see also 3.3.3). Concluding, it is argued by Gruen et al that sustainability is guided by interactions which take into account relations between health concerns and programme drivers, determined by ways in which stakeholders identify, define and prioritise issues (2008: 1585).

Although this model has not been tested and while Gruen et al draw attention to studies which have examined the extent of sustainability, they argue that a better understanding of determinants requires exploration of interactions between drivers and programme components in particular contexts (2008: 1587-88). Real-time examination of such interactions denotes a focus be given to process accounts. Furthermore, and similar to suggestions made by Schofield (2004) with regard the study of implementation, process accounts are likely to help address ambiguity of policy guidance relating to sustainability (see 2.3) and uncover the detail of actions undertaken by those developing and hoping to sustain HLCs.

2.4.3 Understanding sustainability processes in HLCs

The temporal reconceptualisation of sustainability given by Pluye et al (2004) is of particular relevance to the focus given to exploring processes in this thesis. Findings from the earlier evaluation on which this study is based (see Platt et al, 2005a) illustrated how HLC stakeholders had begun to give consideration to the longer-term future of the organisations prior to the end of external funding. In contrast to other findings, sustainability was not treated as a ‘latent’ concern (Goodman and Steckler, 1987/1988). Rather, with approximately two and a half years of funding remaining, stakeholders in each of the sites had begun to discuss their future continuation prior to the expiration of BLF funding.

Published toward the end of my fieldwork, theorising undertaken by Gruen et al (2008) added to the systemic account offered by Crisp and Swerissen. This aided justification of my decisions to seek accounts from a wider array of stakeholders and latterly when gathering data from a range of respondents working in policy and practice roles external to the HLCs (see 4.6.4). Such theorising also helped me better to situate my analytical approach in order to further refine my exploration of sustainability processes and interactions between stakeholders in specific HLC contexts. For instance, in an exploration of the processes surrounding attempts to sustain HLC ‘infrastructures’ or ‘platforms’, I found that such accounts helped to direct attention to HLCs’ embedded roles within larger health-care systems. This work also encouraged attention to be given to accounts of interactions between partner organisations which provide additional funding, administrative and service delivery staff, communities where initiatives were established, and the views of policy makers.

A focus given to systems and structures in which HLCs were located also reflected guidance contained in policy and funding documents that initiated the programme. These drew attention to the range of partnership sources which had established HLCs and which were deemed potential sources of funding to aid Centres’ continuation (Department of Health, 1999a; NOF, 1999). Further emphasis given to local contexts in which sites operated was discussed in a review of sustainability options for English HLCs. Here, Accenture (2004) had drawn attention to four possible ways in which HLCs or their work might be sustained. As well as mainstreaming, Accenture considered that contextual features would influence whether and how HLCs might be sustained. This included a focus given to: independent operating using voluntary sector and partnership models; hybrid forms (comprising

commissioning of services to deliver statutory sector objectives); and, exit (whereby an HLC would close and pass lessons on to other organisations).

While I will further examine the rationale underpinning my methodology and choices of sample sites in Chapter Four, the focus on continuation of approaches/infrastructure mirrored early discussion regarding sustainability during the first phase of the evaluation of Scottish HLCs. Drawing on an ecosystem concept, interactions between HLCs and other components of the health-care system suggest wider examination be given to processes which might affect consideration of sustainability in each HLC. Furthermore, and as will be made evident, this theorising directs attention to the dynamic and adaptive nature of such interactions over time. While the temporal position of this study facilitated use of a prospective approach, repeat visits to sites also enabled my research to take account of specific issues affecting sites' discussions at particular moments in time and to chart changes in stakeholders' approaches over time.

2.5 Summary

This chapter has introduced the concept of sustainability and examined its importance and relevance to health programmes and to short-term funded health organisations. While multiple definitions are used throughout the literature, many of these apply to specific programme-level interventions. However, although research focuses mainly on programmes, an emphasis is also given to the sustainability of organisations. Introducing the HLC programme, I have illustrated how the development of organisational infrastructures is included within broad definitions of sustainability. Constructed to address health inequalities in deprived communities, HLCs and their stakeholders were mandated to consider the longer-term future of the organisations during the bidding process.

Examining how sustainability is conceptualised within the literature, I have outlined the often retrospective focus applied to measuring the extent of programme sustainability. More recently, several re-conceptualisations of sustainability have come to the fore. In these a greater emphasis is placed on the temporal nature of sustainability and on the wider contextual interactions that might be considered in any examination of sustainability processes. Based on these re-conceptualisations, I contend that the examination of HLC

sustainability processes requires a longitudinal focus to be given to the wider contextual interactions within health care systems of which HLC organisations formed part.

While this chapter has highlighted the recent emphasis given to better understanding processes by which programmes might be continued, further examination of literature is necessary when considering how a focus might be given to organisations' sustainability. Furthermore, it is also imperative to review the various factors and elements that have been suggested to influence programme sustainability and the extent of continuation attained. These features are examined in more detail in the following chapter.

3 ORGANISATIONAL STRATEGY AND INFLUENCES ON SUSTAINABILITY

3.1 Introduction

In this chapter and taking into account the sparse literature on sustainability of health organisations, I give further consideration to Scheirer's contention that a focus on organisational sustainability is located in the fields of organisational behaviour and development. However, it should be noted that Scheirer suggests this literature to apply to measurement of extent of sustainability outcomes and "whether funded organisations ... are maintained over long periods of time" (2005: 324). Taking into account my intended focus on dynamic sustainability processes, I give theoretical consideration to the application of organisational literature and how this relates to the study of broader societal contexts in which HLCs operate and in which sustainability would be discussed by Centres' stakeholders. This literature, as I will illustrate, aids exploration of the extended notion of dynamic sustainability processes.

In the first section I briefly discuss the attention I gave to theories of organisational change, which in turn led me to focus on and review theories of organisational strategy. As I will illustrate, the strategy literature and its account of organisational dynamics complements several of the notions applied by those who have devised planning models and systems accounts of programme sustainability (e.g. Johnson et al, 2004; Gruen et al, 2008). Following a review of organisational strategy, attention is given to ways in which this literature aids the prospective focus I applied to the examination of sustainability processes. In a critique of strategy literature I argue for greater attention to be given to politics when examining HLC sustainability processes.

In the second section I develop links between the strategy and programme sustainability literatures. In particular I focus on dynamic factors, which have been suggested to influence sustainability. While the strategy literature is useful in helping me to focus my examination of process accounts, the sustainability literature highlights specific features that resonate with the construction of HLCs, their external funding arrangements, and attention to systemic restructuring. Drawing on findings from the across a broad spectrum of health-related sustainability research, I critically examine elements or factors suggested to influence

the extent of sustainability. This section includes and is concluded by a theoretical explication of mainstreaming and questions applicable to HLCs' sustainability.

3.2 Organisational development and strategy

While sustainability research often concentrates on the continuation of specific projects and programmes after initial funding has expired, the entanglement of programme aims with organisations, established by funding grants such as those provided to HLCs, has rarely been addressed in literature examining sustainability. As Crisp and Swerissen state: "Although the fate of many programmes lies in the continuing existence of the auspicing agency, the questions of what factors lead to agency sustainability and how these relate to programme sustainability have often been neglected" (2002: 41). According to Scheirer (2005), issues pertaining to the extent of organisational (or agency) sustainability are addressed within the literature on organisational behaviour and development. In the following sections I explore how this literature might be useful to help frame the study of sustainability processes in HLC organisations.

3.2.1 An examination of the organisational development literature

Following Scheirer's suggestion and when undertaking a wider review of organisational development literature, my attention was drawn to theories of organisational change (e.g. Lewin, 1947; Dawson, 1994; 2003; Pettigrew, 1985). Such theories offer accounts of how and why organisations might seek to or engage in change in response to a variety of internal organisational and external environmental pressures (Buchanan and Huczynski, 2004). However, it was quickly apparent that there would be difficulties in applying much of this literature to the study of HLCs' sustainability processes. For example, many change management theories purport to explain the entire change process, including how to bring about change. In contrast, my study developed from a wider evaluation to aid knowledge development (Chelimsky, 1997; see Chapter Four) did not involve attempts to influence or bring about change within HLCs. Yet organisational change accounts have been criticised for their 'practical' focus and of the limited ways in which attention is given both to organisational actors' roles/capabilities and to wider environments (Collins, 1998).

Furthermore, change management literature is often considered within the context of some form of organisational failure (Weick and Quinn, 1999).

In attempts to address several of these criticisms Burnes (1996; 2004) devised a model of organisational change which I found to be useful and which could be used to help frame and guide my approach to the examination of sustainability processes in HLCs. Critical of the duality of what are termed ‘planned’ and ‘emergent’ models of change, Burnes argues that attention should instead be given to different situations in which organisations operate and of a need to align working practices with different structural contingencies. Incorporating other critiques termed ‘organisational choice’ (Trist et al, 1963) and ‘strategic choice’ (Child, 1972; 1997), Burnes proposed his ‘choice management – change management’ model in which managers of organisations are regarded to have a degree of agency to influence situational and structural variables affecting change.

While Burnes’ model also has a focus which takes into account the entire change process (and hence ways in which to influence and inform outcomes), it also offers some useful guidance to aid exploration of sustainability processes which allow for attention to be given to the needs of multiple stakeholders. In brief, Burnes’ model describes a series of three processes comprising ‘choice’, ‘trajectory’ and ‘change’. Specifically, Burnes contends that these processes are inter-dependent, with change an integral part of trajectory, which in turn is a vital part of the choice process. These are as follows:

- The choice process is concerned with the nature, scope and focus of organisational decision making.
- The trajectory process relates to an organisation’s past and future direction and is seen as an outcome of its vision, purpose and future objectives.
- The change process covers approaches to, mechanisms for achieving, and outcomes of change.

When turning to consider sustainability processes, Burnes’ explication of organisational trajectory offers valuable insights. In this concept an organisation’s trajectory is suggested to both influence the wider focus given to decision-making and the context in which an organisation operates. In turn the context frames the way in which the trajectory is developed. Central to how the trajectory of an organisation is formed and how managerial choices are influenced, Burnes draws attention to the development of strategies such that the

direction taken by an organisation is “shaped by its past actions and future objectives and strategies” (Burnes, 1996: 325). In Burnes’ inter-dependent model the trajectory concept comprises both an organisation’s ‘memory’ of past events but also its intent in relation to future events. Notably, while Burnes posits that reconciliation of such events can be unambiguous, for some organisations “making sense of past events and agreeing proposals for future actions will be the subject of dispute and uncertainty” (2004; 459).

Continuing, Burnes draws on work by Rollinson (2002) who suggested that strategic decision-making can be classed along a spectrum. Here, Burnes argues that while ‘bounded’ decisions tend to be small and relatively separable from the environment, ‘unbounded’ decisions are more complex. Taking into account systemic consideration given to sustainability (see 2.4.2), I contend that such strategic decision-making might also be explored in a study of sustainability processes and might aid understanding of the concept of sustainability more broadly. Unbounded decisions often comprise issues with difficult to define parameters, are ambiguous and overlap with other environmental and contextual features (Rollinson, 2002). Burnes argues that most of the major strategic issues faced by an organisation lie at the unbounded end of this spectrum. Further explication of strategy and how this relates to the study of HLC sustainability processes is given below.

3.2.2 Introducing organisational strategy

In order for any future change to be successful, Burnes argues that there must be a coherence and consistency involved in the decisions taken by managers and stakeholders. This, it is argued, implies that organisations must have a strategy (Johnson and Scholes, 1993). Applying a focus to strategy offers scope to examine sustainability processes and decision-making in HLCs. Exploration of strategy would enable exploration of Centres’ historical underpinnings, the evolving local and national health care and policy context in which Centres were located, and the attention at a local level which took into account each site’s unique development, structure and relationship with partners and local communities.

At the outset, it should be noted that the term ‘strategy’ is considered a somewhat abstract concept (Ansoff, 1987). For instance, Ansoff (1965) along with Hofer and Schendel (1978) regard strategic management in terms of the relationship between an organisation and its external environment, whereby the choices facing an organisation take into account attempts

to seek a match with the needs of its environment. In contrast, Chandler (1962) took into account both external demands and internal factors, and applied a now widely held definition to strategy which focuses on long-term goals, internal organisational structures and how resources might be used to meet these goals. In this view, external and internal organisational factors cannot be separated but instead must both be taken into account.

Over time, and of significance with regard to my exploration of processes, reappraisals have led to greater interest in improving understanding of how strategies come to be formulated, through taking into account wider organisational processes. For instance, Miles and Snow (1978) have argued for an emergent view of strategy dependent on a real-time view of daily actions and capabilities. Furthermore, Pettigrew sought greater recognition for the dynamic and political nature of strategy development, which he suggested involved a combination of internal power struggles and external pressures and constraints (Pettigrew, 1985; 1987). A real-time examination of HLCs' strategising would further such understanding.

Broadening the political perspective, Mintzberg et al (1988) suggested five inter-related definitions of strategy along with the proposition that these are both competing and complementary. This multiple definition views strategy as: a consciously intended plan; as a ploy designed to outwit opponents; as a pattern observable after actions have taken place; as the taking of a position to maintain a competitive advantage; and, as a perspective with a common purpose informing decision-making and actions. Thus, strategy was suggested to comprise both process and outcome, to develop over time and with patterns latterly coming to define an emergent or "realized" strategy, which took into account how strategic intentions accommodate to changing environments (Mintzberg, 1994). Further interest given to the organisational and social aspects involved in processes of strategy development, have included a focus applied to organisational cultures and to individuals, usually leaders within organisations (Whipp, 2003).

As this brief overview suggests, there is no comprehensive theory of strategy making. Despite this, and while much of the focus in academic texts is devoted to private sector enterprises, the strategy literature is suggested also to apply to public and voluntary/community sectors, where strategic goals are more likely to apply to achieving social outcomes (Gunn and Chen, 2006). When considering the continuation of HLCs, I found it helpful to take account of a definition provided by Johnson et al (2008), which states: "Strategy is the direction and scope of an organisation over the long term, which

achieves advantage in a changing environment through its configuration of its resources and competences with the aim of fulfilling stakeholder expectations”. Similarly, Burnes (2004) view of this multi-faceted literature suggests that a consensus surrounds basic features of strategic management as summarised by Johnson and Scholes (1993) who described strategy as:

- concerning the full scope of an organisation’s activities
- the process of matching the organisation’s activities to its environment
- the process of matching its activities to its resource capability
- having major resource implications
- affecting operational decisions
- being affected by the values and beliefs of those who have power in an organisation
- affecting the long-term direction of an organisation.

Such conceptual insights have sharpened my analytical approach to understanding HLC sustainability processes. As well as taking into account internal and external organisational factors, Burnes (2004) contends that strategy can be both a process and outcome and can comprise rational approaches or political phenomena. Continuing, Burnes argues that choices and constraints facing management relate to different approaches which can be selected dependent on organisations’ circumstances, objectives and management. For instance, Burnes states that: “different approaches to strategy formulation may be perfectly compatible with positive outcomes” (2004: 221). In the section which follows, I outline Burnes account of strategy, which draws on Whittington’s (1993)¹⁷ categorisation to posit constraints and limitations on managerial choices surrounding strategising and which offers suggestions for how my study might be framed.

3.2.3 *Strategy and choice*

As was noted at the end of the first phase of the programme evaluation (see Platt et al, 2005a), HLCs were not approaching sustainability as a “latent concern” (Goodman and

¹⁷ Note that Whittington’s account focuses primarily on a ‘business’ or private sector perspective. It has also been suggested that while a focus on strategy concerns goals and direction, the main emphasis applied in the private sector is given to achieving market share and to growth through competition – features which are lacking when applied to the public sector (Johanson, 2009). See also Boyne and Walker (2004).

Steckler, 1987/1988) but instead were actively considering their future role and position within larger health care systems. In the account given by Burnes and examined in more detail below, the strategic approach adopted by an organisation is considered to be a matter of managerial choice, but where the choices on offer are constrained by numerous organisational, environmental, sectoral and national factors. As I will discuss, it is a combination of such constraints that along with their potential to conflict which creates the context in which decision-making with regard to strategy takes place. Later, in the second section of this chapter, I will return to these issues and discuss their relevance to HLCs through making links to specific influences on sustainability.

Attempting to better order the many categorisations and definitions of strategy, Whittington (1993) identified several generic approaches and sought to link various strands of strategic theorising under four headings termed: Classical; Evolutionary; Processual; and, Systemic. In the Classical approach, strategy is portrayed as a controlled, rational, planned process, based on analysis and quantification, where strategic change is viewed as predictable. Next, Whittington suggested that an Evolutionary approach incorporates an emergent view of strategy, where planning is impossible and where successful strategies emerge from the decisions taken to realign organisations with changing and unpredictable environmental conditions.

In the Processual approach, Whittington suggested that a focus is given to organisation and sector political processes. Organisations are viewed as shifting coalitions of individuals and groups with competing interests. In this approach, strategy is determined following a pragmatic process of trial and error, which involves seeking a compromise between the needs of the environment in which the organisation is located and factions within the organisation. Finally, the Systemic approach considers strategy to be a deliberate process, where planning is possible if conditions within the host society are favourable. Offering a contingency perspective on strategy, Whittington suggested that this approach reflects the nature of the particular system within which the organisation operates and allows for some scope to manipulate the sector in which the organisation is located¹⁸.

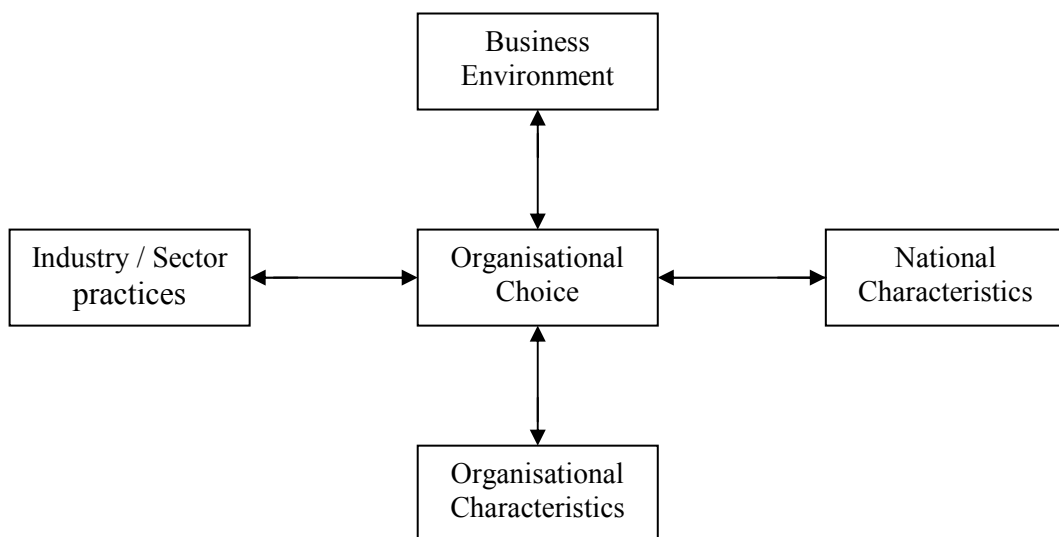
Burnes (2004) contends that three of the four approaches to strategy development are more readily applicable to broadening the scope to study formulation of managerial choice.

¹⁸ Note that Whittington refers to an ability to manipulate a market in which an organisation operates. I have adapted this to incorporate a focus on the 'sector' in which an HLC is located.

Dismissing the Classical approach, Burnes suggests that its rational formulation offers little scope in relation to managerial choice. In contrast, Evolutionary and Processual approaches are suggested to emphasise the need for managers to make decisions that take account of opportunities and threats posed by external environments. Finally, the Systemic approach implies that rational decisions can be taken but that choices are constrained by the limits of the host society in which the organisation resides.

In providing a critique of Whittington's classification of strategy, Burnes draws attention to features from across the strategy literature to highlight how choice is constrained, and how it can be exercised within certain limits. These are shown in the diagram below (see Figure 2). Developing Whittington's classification and drawing on the work of a range of strategy theorists, Burnes' view of the constraints under which managers operate includes an examination of national characteristics, industry/sector practices, business environment, and organisation characteristics.

Figure 2: Constraints on organisational choice (from Burnes, 2004: 223)



Looking at each of these in turn, it is suggested that national characteristics, practices and cultures form constraints which relate to the Systemic perspective on strategy. As such, the operation of organisations is affected by the social system in which a particular organisation operates. For example in the case of HLCs, this might necessitate an examination of the need to maintain capacity for health promotion (Swerissen and Crisp, 2002). In this formulation of strategy restructuring and an increased sectoral emphasis given to addressing health

inequalities (see 2.3.6) suggests HLCs might take account of wider systems' requirements in future delivery of their activities/services.

Constraints arising from industry and sector practices are derived from Child and Smith's (1987) perspective regarding the sectoral influences on an organisation's strategy. In this view, which takes into account Processual, Evolutionary and Systemic approaches, objective operating conditions, managers' understanding of sector dynamics, and the nature and degree of inter-organisational collaboration combine to determine strategy and thus influence managerial choice. As such, organisations must adhere to the rules of engagement within their sector, although strategic choice is influenced both by the extent of competition faced and by opportunities for diversification into new sectors (Allaire and Firsirotu, 1989, cited in Burnes, 2004). For HLCs this might require a focus on strategy which takes into account guidance from sector funders with regard to what services they require and of ways in which these might be delivered.

A focus on the business environment incorporates all of the approaches to strategy, although different planning outcomes depend on whether the environment is viewed as predictable or hostile. Burnes suggests that Classical and Systemic approaches consider the environment to be stable and predictable. Meanwhile, Processual and Evolutionary approaches consider the environment to be unpredictable and, for the former, hostile. However, in contrast to the other three categorisations, those advocating Systemic approaches indicate that the environment can be changed (Morgan, 1998). An array of possibilities might be considered for HLCs. Established to develop innovative approaches to address health inequalities, HLCs' existing work practices might offer opportunities to promote changes to the wider health sector environment. Alternatively, the end of exclusive BLF funding for HLCs might require engagement with the wider health sector environment and competition for resources or require that HLCs adapt to sector-prescribed methods of service delivery. Finally, Burnes notes that many organisational characteristics, including culture, structure, politics and managerial style, constrain or facilitate choice. Further explication of organisational characteristics of relevance to the study of HLC sustainability processes are given below.

3.2.4 Critiques of Burnes and strategy: a greater focus on politics

While I have drawn on Burnes' model and in particular his formulation of strategy, there are significant criticisms that need to be taken into account in any examination of HLC processes. For instance, it is evident that management theorists, including Burnes, who explore organisational change, do not take into account the type of organisation represented by the HLC model. In particular there is no consideration given to how the provision, availability of and competition for limited funding resources might affect organisations such as HLCs, and of how this might influence strategy with regard to Centres' longer-term sustainability. Such factors are not taken into account within Burnes' model as these lay outwith the scope of his work. Furthermore, it has been suggested that very little research has been conducted on organisational strategy in the public sector (Boyne and Walker, 2004). Thus, although Burnes' theorising draws attention to strategy and to several constraints affecting its development, the reliance on external grants and the largesse of partner organisations which might provide funding for HLCs does not feature in this work.

In other criticisms, it has been suggested that Burnes, like other organisational change theorists, portrays management as a range of techniques and accords significant agency to managers' roles. For instance, Collins suggests that Burnes offers a 'technicist' focus designed mainly to improve management and change management itself and is critical of the "over-socialised" attention given to managerial capacity and qualities (Collins, 1998: x – introduction). Thus, despite Burnes' claims that organisations are not rational entities his main focus is, as suggested by Collins, centred on managerial power and decision-making. In Burnes' model there is only limited scope for an examination of how political activities might affect managerial strategising, with seemingly little allowance for examination of power, control and ideology. Instead management are represented by Burnes as a respected and elite social grouping (Collins, 1998) where authority and leadership remain as managerial prerogatives (Lewis, 2002). Despite giving a focus to managerial sense-making (Weick, 1995), Burnes' later formulation of his model continues to place an emphasis on whether managers can successfully "impose their view of reality on others" (Burnes, 2004: 458).

How then might the focus on strategy mooted by Burnes' model and its role within a wider strategic choice process be used to explore accounts from HLC stakeholders seeking external funding? In accordance with, but expanding upon, the system view of programme

sustainability and its incorporation of a 'political economy' which affects resource mobilisation (Gruen et al, 2008), I consider that an examination of strategy processes in HLC organisations should incorporate a wider account of political behaviour. Such accounts are present in emergent and processual explorations of organisational change, where political activities are suggested to operate both outwith and within an organisation (Dawson, 2003) to produce complex relationships between constraints and choice (Collins, 1998). Derived from Pettigrew's (1985) analyses, a focus given to political behaviour requires an examination of organisations' strategising that takes account of and firmly situates their 'embeddedness' within a network of wider social relationships.

In outlining such an account, conflict is considered the norm and power is the medium through which this is resolved (Lewis, 2002), particularly as there are often a number of actors vying to seek control of organisational outcomes (Mintzberg, 1990). Furthermore, as Morgan (1998) suggests, because organisations are constantly competing for scarce resources, political actions are inherent within organisational systems that require decisions to be taken regarding their allocation. As these accounts suggest there is a limit on the practical application of a rational model and, I contend, the importance associated with managerial actions. Instead it is suggested that conflict resolution is often only solved through recourse to politics, with political decisions motivated by short-term considerations, self-interest, and a commitment to entrenched ideologies, norms and values (Pfeffer, 1981, 1992).

Thus, as will be evident in my analyses of HLCs, constraints on choices and approaches to strategy examined by Burnes need to be given greater consideration to take into account wider environments and a larger array of an organisation's stakeholders, rather than solely be considered as a management function. This is particularly evident if accepting of Mintzberg's contention that: "Political activity tends to be more enduring during... periods of flux, when an organisation is unable to establish any clear direction and so decision making tends to take the form of free for all" (1990: 165). According to Dawson (2003), political activities involving consultation, negotiation, conflict and resistance are suggested to occur at a number of organisational levels during processes of organisational change. These can include senior business leaders or industry groups lobbying government, the formation of various strategic competitor alliances, and governmental pressure. At the same time, internal political activity can comprise negotiations between staff, between organisational groups and between managers and staff.

Taking this into account for HLCs, the emphasis given to strategy needs to incorporate wider attention to political activities and necessitates a focus be given to: local communities' needs; statutory bodies (e.g. NHS and local authority); local voluntary and community health care organisations; people employed within the organisation; and, local and national policies relating to health improvement and health inequalities. Indeed, within sustainability literature, inattention to political features was identified in an early study examining failures to sustain health promotion programmes. In this example Goodman and Steckler (1987/1988) identified how a lack of attention to local politicking led to a failure to publicise and gain support from influential community leaders for a project approaching the end of funding.

Acknowledging this, I contend that an examination of strategising in short-term funded health organisations seeking sustainability, should take account of wider political processes. Such an account is congruent with Crisp and Swerissen's (2002) arguments regarding the continuation of health agencies. Here it was argued that continuation depends upon a complex mix of responses to the needs of multiple stakeholders, including service users, community, staff and health care system in order to "provide the right mix of health services at the right time" (2002: 41). Thus, taking account of Burnes emphasis on strategy, applying a greater focus to politics has intuitive appeal to the study of HLC sustainability processes, which takes account of their location, implementation, development over time and actions to enhance the likelihood of sustainability within wider health care systems.

3.2.5 Summary

As this review has illustrated, the direction an HLC organisation might take and the strategies it pursues is likely to be influenced by ways in which Centres have developed over time. In addition there is a need to consider how these Centres might adapt and change in order to continue operating with reference to wider health systems. Hence, decision-making and strategic choices available are likely to be affected by constraints both within organisations themselves and in the wider environment in which they operate. While sustainability of an organisational form such as the HLCs is not directly addressed within this literature, the theorising it provides offers scope to better examine and present accounts of processes engaged in by HLC managers and stakeholders seeking continuation. In the

sections which follow, I give further consideration to how a focus on strategy can be applied to a study of sustainability by reviewing the factors associated with sustainability which resonate with HLCs.

3.3 What factors might affect HLC sustainability?

While the review given above offers theoretical scope to examine processes and choices surrounding strategy development with regard to sustainability, it is necessary to examine, in more detail, factors relevant to HLCs that relate to their particular context. For instance, while strategy literature highlights national characteristics, sector practices, business environments and organisational characteristics, how do these translate to HLC organisations and their approaches developed as part of a wider programme, initiated through Government policy and established using National Lottery funding? Turning to the sustainability literature, it is evident that many of the factors suggested to influence sustainability pertain mainly to programmes. Indeed, where a focus has been applied to organisations this has examined stage of development and capacity of existing non-profit organisations in terms of their ability to support health programmes (e.g. Schuh and Leviton, 2006).

However, and taking into account HLCs' establishment as organisations, Centres' programmatic origins implies that programme sustainability literature might also be used to examine factors that influence strategic consideration of sustainability. Furthermore, Mancini and Marek (2004) in their exploration of factors found to impact on programme sustainability indicate that multiple influences, identified across the literature, can be used to monitor dynamic and evolving efforts to ensure sustainability. In order to consider factors that might influence and inform HLCs' formulation of strategies, I turn to examine two related bodies of literature that illustrate ways in which the extent of sustainability has been influenced in other health programmes and organisations. Here, I elaborate on factors explored across broad ranging studies of programme sustainability and more specifically on a particular set of organisations known as comprehensive community initiatives (CCIs). Latterly, I consider how HLCs strategy formulation might take account of mainstreaming.

3.3.1 Factors within the programme sustainability literature

Summarising definitions of programme sustainability outcomes, Shediak-Rizkallah and Bone (1998) suggested that three distinct operational definitions could be identified. These are: continued health benefits/outcomes; continuation of programme activities within an organisation (discussed latterly with reference to ‘mainstreaming’); and, continued capacity within a community. With my focus on HLC organisations, this literature offers several features that might be considered in an exploration of processes and strategising surrounding how Centres’ approaches might be sustained.

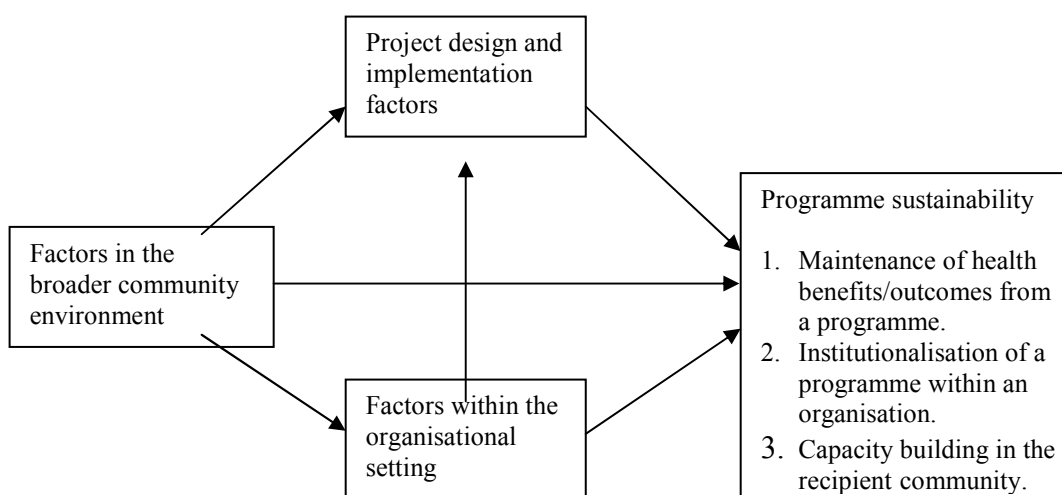
This literature was useful as reference to programmes relate also to HLCs and therefore might impact their sustainability processes. For example, wider HLC programme aims had led to the development of Centres’ attempts to address inequalities. Over HLCs’ lifecourse an increased emphasis had been applied to health inequalities within Scottish policy suggesting that strategic attention be given to continued and future roles for HLCs in their amelioration. Furthermore, although focusing on organisational infrastructures, several programme sustainability influences highlight the importance of links with lead, host and partner organisations. In addition, community and other external environmental influences are also suggested within this literature. How HLC stakeholders take these features into account when considering sustainability strategies also seems important.

Drawing together common influences thought to facilitate sustainability, the formative review by Shediak-Rizkallah and Bone (1998) examined evidence from a large number of studies (e.g. Bracht et al, 1994; Jackson et al, 1994; O’Loughlin et al, 1998) that had retrospectively explored the extent of continuation of a range of community health programmes. The review identified three sets of factors and the authors proposed a framework for conceptualising influences on programme sustainability (see Figure 3)¹⁹. These factors (or indicators) of sustainability, were considered for their use in aiding facilitation of and maximising the potential for sustainability, and include: aspects of project design and implementation; factors within the organisational setting; and, factors within the broader community environment. Many subsequent studies have operationalised (e.g. Evashwick and Ory, 2003) or aggregated (e.g. Stevens and Peikes, 2006) the earlier work of Shediak-Rizkallah and Bone.

¹⁹ Note that the outcomes of the model proposed by Shediak-Rizkallah and Bone do not pertain to the sustainability of organisations. This was discussed, and an organisational focus applied, in definitions of programme sustainability explored in Chapter Two (see 2.2.3).

Adapting summaries of this model (see Shediak-Rizkallah and Bone, 1998; Scheirer, 2005, Savaya et al, 2009), the first category of factors is suggested to relate to the resources available to a project (e.g. staff, funding and length of time in existence) and ways in which these are implemented and used. This includes: a focus on the start-up and design process and, in particular, whether local stakeholders and communities' were involved; whether the programme is modifiable and can be adapted to meet local needs and conditions; whether an evaluation pertaining to effectiveness has been conducted; duration (or history) of the programme; the nature and number of the original sources of funding; and, the temporal aspects surrounding fundraising.

Figure 3: A framework for conceptualising programme sustainability (Shediak-Rizkallah and Bone, 1998: 99)



The second category addresses aspects within the wider organisational setting, including managerial structures and processes, organisational location and administrative structures, and internal political processes that might affect continuation. These include: flexibility and adaptability of the programme model; whether there is a champion present who is strategically-minded and able to bolster continuation efforts; and, from an institutionalisation or mainstreaming perspective, whether a programme is congruent with the underlying mission and operating procedures of the host organisation. While I give further consideration to these features below when discussing mainstreaming, such aspects take into account both the business environment and wider sectoral influences that might affect HLCs' formulation of strategy.

Finally, Shediak-Rizkallah and Bone draw attention to the factors that affect the relationship of the programme to the wider environment. Factors in this setting include: the stability and favourability of external socioeconomic and political considerations; legislation that might impinge on a programme; and, availability of support from community leaders. As before, such factors have congruence with the national characteristics suggested by Burnes, along with further emphasis given to sectoral aspects of strategy.

Highlighting the diversity of programmes included within the varied set of studies examined by Shediak-Rizkallah and Bone (1998), and from which these factors were developed, Scheirer was mindful to exhibit caution in proclaiming them as a set of guidance for health programmes' sustainability. Instead, discussing the manner in which programmes are implemented, Scheirer states that factors crucial in one location may not apply in others. As such, research examining programme sustainability "is likely to remain multifaceted, with results contingent on the specific programmes and contexts in which they are operating" (Scheirer, 2005: 325). Support for this contention comes from studies that have adopted Shediak-Rizkallah and Bone's model, which incorporated new elements (e.g. the role of collaborative partners and the support of volunteers) and re-categorised others within alternate factors (Community Solutions, 2004; Evashwick and Ory, 2003).

Before exploring in greater depth factors and influences introduced above and their relevance to the present study, I first turn to review literature on the sustainability of organisations known as comprehensive community initiatives (CCIs). This literature has several overlaps with programme sustainability research and enables further links to be made with my focus on strategy development and when examining efforts to continue HLCs' organisational approaches.

3.3.2 Factors associated with the sustainability of comprehensive community initiatives

In some respects HLCs can be seen as examples of, or are related to, comprehensive community initiatives (CCIs) and it is relevant, therefore, to consider the ways in which their sustainability has been conceptualised. CCI is the term used to refer to a form of community intervention that has become increasingly widespread in use within the United States. Funded in the main by private foundations, CCIs are suggested to have emerged as a

response to previously ineffective practices and signify a reformulation of approaches to community development (Torjman and Leviten-Reid, 2003). While precise definitions are lacking, the term refers to community interventions with broad goals that aim to improve living conditions for individuals and communities. Attempts to achieve these goals are suggested to involve integrated strategies to create and establish: new physical and social infrastructures; local community participation; and, the provision of a wide range of health or social services (Barchechat, 2003; Torjman and Leviten-Reid, 2003). Notably, the privately funded origins of CCIs differ from the policy-determined establishment of HLCs.

It is also notable that CCIs are often much larger in scope and cover a broader range of issues than HLCs, which focus on health improvement and health inequalities, though both programmes share a number of overlapping features that are relevant to the examination of sustainability in my study. For instance, similarly to HLCs (see 2.3.4), CCIs are often defined according to their developmental and capacity-building approaches, concerned with both the processes and outcomes pertaining to existing and future community issues (Torjman and Leviten-Reid, 2003). Similarly, CCIs' establishment often takes into account multi-sectoral collaborations, albeit at a scale larger than for HLCs.

Undertaking a review of CCIs to consider their original funders' roles in relation to sustainability, Weiss et al (2002) drew on findings from a further review of CCIs undertaken by the Cornerstone Consulting Group (2002). Here it was suggested that decision-making with regard to sustainability strategies should take account of several features. These included: funding for organisations or projects, in particular when new organisations had been created or where existing organisations had been encouraged to move in new directions; the ideas, beliefs, principles and values that were promoted in the original funding package; relationships between organisations, particularly where the purpose of an initiative was to foster collaboration; and, outcomes.

Drawing attention to the organisational forms developed by CCIs and a key criterion suggested to influence sustainability (see below), Weiss et al contend that sustainability, in the main, concerns the future provision of funding: "it is not realistic to expect ideas, relationships, or outcomes to sustain without the funding for an organisation or staff that helps them to do so" (2002: 5). As the Cornerstone Consulting Group report makes clear, the provision and size of initial funding grants can have significant effects on sustainability of organisations. Where CCIs had been established in deprived neighbourhoods, the authors

suggested that a dependence on external funding could arise either because an organisation had been established to manage the initiative or because it had grown in size to do so. In conjunction, a significant challenge identified by (Torjman and Leviten-Reid, 2003) highlighted how funding was often directed to specific projects rather than community infrastructures. In points expanded upon below, obtaining funding for continuing the processes involved in coordinating, community building and developing collaborative efforts was suggested to be a more difficult task than seeking funding for services.

Further to the focus given to funding to allow CCIs to continue their work, several studies have proposed a number of additional resources that purport to influence the sustainability of such organisations. Following examination of retrospective accounts of continuation obtained by interviewing members from CCIs funded under a national youth programme, Mancini and Marek (2004) proposed a framework containing seven elements. Reflecting the managerial focus applied in studies of organisational change (e.g. Burnes, 2004), these were suggested by Mancini and Marek to mainly reside within the province and under the control of programme leaders, although the authors claimed that external factors might also impinge on sustainability. Elements include a focus given to: leadership competence; effective collaboration; understanding the community; demonstrating programme results; strategic funding; staff involvement and integration; and, programme responsiveness.

In another examination of CCIs and in contrast to Mancini and Marek, the paper produced by The Finance Project (2002) applied greater focus to wider contexts in which organisations operated. Potential influences on initiatives' sustainability strategies were suggested to be dependent on social, political, economic and geographical factors pertinent within communities at any given time. Arguing that any application of their framework should consider the dynamic needs and circumstances surrounding CCIs, eight elements were mooted by the authors. While broadly similar to those above, these were categorised according to whether they were internal or external to an organisation.

Internally, and relating to Burnes' explication of organisational characteristics, The Finance Project suggested that a strategic focus be applied to leadership, administration and financial management. Relating to Burnes' explication of business environment and sectoral influences, external strategic foci were suggested to involve obtaining support from policy makers and key stakeholders, and community engagement. Combining these features, the Finance Project suggested eight elements necessary to attain stable financial and non-

financial resources to sustain CCIs. These included: developing a vision; results orientation; strategic financing orientation; adaptability to changing conditions; having a broad base of community support; involving key champions; having strong internal systems; and, developing a sustainability plan (The Finance Project, 2002).

In related work within Scotland, attention has been given to sustainability by the Community Health Exchange and applied to the breadth of community health initiatives (CHIs) or organisations which operate across the country. While a focus has been given to independent organisations rather than to comprehensive approaches (as in the CCI examples) similar set of guidelines to sustainability have been produced. These include a focus given to: funding; influencing policy; marketing; advocating an agenda; partnership working; monitoring and evaluation; strategic planning; community engagement; and, more specifically to a UK context, tackling health inequalities (Community Health Exchange (CHEX), 2007). Again such foci resonate with organisational, sectoral, business and national characteristics pertaining to strategy formulation.

Summarising several of the proposed frameworks, along with other dimensions focusing on spirit, values, niche and capacity put forward by David (2002), Sridharan et al state: “Common among most of these elements is the emphasis on leadership and retaining talented and dedicated staff, the ability to remain flexible to changing community needs, the capacity to responsively address financial issues, including fundraising, the ability to demonstrate programme success, and the development of a deep knowledge of the community, including its’ needs, resources and stakeholders” (2007: 107). In the section which follows, I examine, in more detail, particular elements drawn from across programme and CCI sustainability literature. Links are made between these and the strategy literature, which I contend can be explored in the prospective examination of HLC sustainability processes.

3.3.3 Potential factors that might affect HLC sustainability strategies

In the following section, I have drawn from and synthesised both programme and CCI literatures to detail elements or factors which might influence HLC stakeholders’ consideration of sustainability strategies. The categories used are influenced to a greater extent by findings from research examining CCI sustainability, as this organisational

framework is more akin to HLCs' design. I chose not to use or adapt the conceptual framework developed by Shediak-Rizkallah and Bone as research has found certain elements only to be applicable within particular organisational contexts (Scheirer, 2005) or where differing local components affect sustainability (e.g. Stevens and Peikes, 2006). It should also be noted that while securing adequate funding is a pre-requisite for continuation of an HLC entity, the elements presented below also take into account the wider aspects suggested across studies to affect both financial and non-financial sustainability.

Linked with the focus given to management in Burnes' model, and given prominence in both bodies of literature, the first element pertains to leadership competence. This is suggested to permeate most aspects of sustainability, as leaders are the designated instigators of initiatives and are responsible for the delivery of high quality work (Mancini and Marek, 2004; Stevens and Peikes, 2006). Central to leadership, and to strategy formulation, is the attention given to developing a clear vision or goal to articulate how activities will improve lives, to provide support and training for staff and to ensure involvement of the wider community (Bossert, 1990; Evashwick and Ory, 2003; Scheirer, 2005; The Finance Project, 2002). In so doing, leaders are advised to undertake regular needs assessments in order to effectively address and determine future demands for an initiative (Åkerlund, 2000; The Finance Project, 2002; Torjman and Leviten-Reid, 2003), along with ensuring that evaluations are conducted. Using such information, leaders have been suggested to be responsible for many of the marketing, influencing policy and advocacy roles suggested by CHEX (2007).

In particular the 'everyman' role of leaders suggests they require political skills that enable communication and presentation of findings related to the effectiveness of the project in order both to 'sell' the work to key local funders and to build recognition among the wider community (Green and Plsek, 2002; Scheirer, 2005; Stevens and Peikes, 2006). As such, leaders often have responsibility for undertaking efforts to secure funding and for fiscal management of the organisation (Shediak-Rizkallah and Bone, 1998). Finally, temporal consideration of sustainability is also suggested to be the province of leaders and managers, particularly in terms of developing a strategic and dynamic sustainability plan that can reflect changing conditions (Scheirer, 2005; The Finance Project, 2002).

A second major element, which takes account of HLCs' embedded positions within wider systems and hence focus given to politics, concerns the role of champions. In studies examining institutionalisation, it has been argued that sustainability is often politically

oriented and necessitates generating goodwill for programme continuation among influential individuals in an existing or potential host organisation (Åkerlund, 2000; Goodman, 2000; Goodman and Steckler, 1987/1988; O'Loughlin et al, 1998; Mancini and Marek, 2004). In the case of HLCs, champions might include representatives of health boards or local authorities that sometimes formed the host or lead organisation supporting, or funding, the HLC. Strategically, champions are considered to be well positioned advocates who can provide vision, mobilise support and resources, create strategic linkages within the community, channel resources, publicise the work and influence policy changes (Scheirer, 2005; Baum et al, 2006; Savaya et al, 2009). Hence, champions are also suggested to include wider stakeholders who support the goals of the initiative, including those from partner organisations (Community Solutions, 2004; Scheirer, 1990) or other statutory or community situated individuals who have power to generate support (The Finance Project, 2002).

Drawing further attention to the often political nature of sustainability discussions, it is suggested that programme champions be considered in relation to several key skills they may hold. These include: an ability to engage others; an ability to overcome barriers; a recognition of the sense of compromise necessary to build support; an ability to think and learn reflectively; an ability to summarise, communicate and negotiate; to be able to coach for sustainability; and, an ability to develop further organisational capacity to permit an initiative to become sustained (Steckler and Goodman, 1989; Green and Plsek, 2002; Johnson et al, 2004). It has also been suggested that champions be approached who can influence policymakers from outside the immediate system in which sustainability is sought, thus helping further increase political support (Beurmann and Burdick, 1997).

The third element proposed concerns funding and strategic fund raising, which, while seemingly obvious, remains the primary resource necessary to support the future of organisations such as HLCs. As identified by Accenture (2004), of importance to HLCs and discussed in more detail below, are roles and resources of mainstream funders. More broadly, the literature review highlights several related features that are deemed important, in particular the development of a strategic orientation to fund-raising (Beery et al, 2005; Shediak-Rizkallah and Bone, 1998; Mancini and Marek, 2004). Expanding on this, The Finance Project (2002) states that strategic consideration toward fund-raising requires leaders to determine what it is that they want to sustain, what resources are necessary to do so and how such funds might be accessed. For HLCs, this implies that sectoral, business and national characteristics and constraints might need to be taken into account.

Mindful of the HLCs 'platforms for innovation' role, studies have found that sustaining the process elements of CCIs and obtaining funding to enable the original flexibility of such models to continue to be especially difficult. For instance, in a review of CCIs, recourse to new funding bodies was found to lead to less likelihood of processes being funded and of constraints on determination of local needs (Cornerstone Consulting Group, 2002). Such concerns might arise for HLCs, if as has been suggested, organisations seek reimbursement for services delivered under contract to an external agency (Accenture, 2004; Paine-Andrews et al, 2000). Discussing options to address this shortcoming, Mancini and Marek suggest that "intentional planning" (2004: 340) be undertaken in order to provide a range of options that consider short and long-term needs. In so doing, leaders are advised that diversity in funding has been found to aid sustainability as this provides a buffer to help address volatility and changes to funders' priorities (Åkerlund, 2000; Community Solutions, 2004; Goodman and Steckler, 1987/1988; The Finance Project, 2002).

Suggesting further funding constraints, Stevens and Peikes (2006) are cautious about the time available to leaders and project managers to undertake fundraising tasks and advocate early planning in so doing. Furthermore, while also arguing for a focus to be given to diversity of funding, Stevens and Peikes advocate caution if managers seek to diversify funding streams. Here they argue that "constant shifting [of funders] can result in divided attention ... and possibly loss of identity ... which can ultimately endanger future funding" (Stevens and Peikes, 2006: 158). As these overlapping points imply, strategic attention to funding needs to take into account organisational history, development over time and structure, all of which might be affected by new funding arrangements. Also mooted as possible sources of future funding but clearly contingent upon the size of project and willingness of people to pay, it has been suggested that money can be raised through charging a fee for services (Shediac-Rizkallah and Bone, 1998).

A fourth sustainability element common both to programme and larger community initiatives is the emphasis placed on establishing systems to demonstrate effectiveness and outcomes (Steckler and Goodman, 1989) and, furthermore, how these are conveyed to wider audiences (CHEX, 2007). The development of monitoring and evaluation measures to help demonstrate effectiveness are considered crucial in order to build support among key stakeholders (including individuals, communities, partners and funding organisations) and programme champions (The Finance Project, 2002, O'Loughlin et al, 1998). From a strategic

perspective, if HLCs wish to influence sectoral consideration it is suggested that attention be given to marketing to promote roles and remits of community initiatives (CHEX, 2007) and to gaining public recognition (Stevens and Peikes, 2006).

However, it is acknowledged that community health initiatives are often difficult to evaluate (Shediac-Rizkallah and Bone, 1998), expensive (Evashwick and Ory, 2003) and limited by the time-frames necessary to determine outcomes (Åkerlund, 2000). In the case of CCIs, Kubisch et al suggest that their “sheer scope” can lead to under-estimations of the evaluation resources required (Kubisch et al, 1995: 2-3). Further evaluation challenges faced by CCIs surround what is termed the “product-process tension” (Cornerstone Consulting Group, 2002: 13; Connell and Kubisch, 1998; Weiss, 1995). In more detail, organisations are required to identify success at both outcome and process levels, with the former often sought by funders at relatively early stages whereas the latter often takes several years to come to fruition. Further difficulties include attribution of effects that may relate either to one or more of multiple interventions and/or from changes to wider environment and policy contexts (Torjman and Leviten-Reid, 2003). Perhaps it is not surprising to note that Scheirer (2005) found only four studies from her sample of nineteen had used evaluation data, and of the limited use that many stakeholders felt such data provided in contributing to sustainability.

A fifth element, which also features both in reviews of programme and CCI sustainability involves responsiveness and an ability to undertake re-alignment in order that services and activities can be adapted over time. Such a requirement again draws attention to the role of politics in developing organisational strategy and of the need to potentially accommodate multiple stakeholders’ competing demands. For instance, flexibility is often necessary in order to meet the changing needs of communities (Johnson et al, 2004; Mancini and Marek, 2004). As well, from a programme perspective, adaptability and responsiveness relate to the ability of a programme to fit or be compatible with a larger host organisation (Shediac-Rizkallah and Bone, 1998; Goodson et al, 2001).

In her review, Scheirer (2005) found broad levels of support in twelve of nineteen studies which emphasised the importance of the “fit” between a programme and a host organisation’s operating procedures. Meanwhile, in research examining CCIs, it has been suggested that sustainability depends upon an ability to be able to adapt to local needs and to reflect changes in social, economic and political policy trends (The Finance Project, 2002).

This study also highlighted how national characteristics should be considered when examining HLC strategies and how politics features in sustainability decision-making. Here, it was suggested that initiatives that are more successful are those whose leaders anticipate, influence and respond both to opportunities and threats within policy trends. Notable within this contention are structurationist (Giddens, 1984) arguments and of the influence and contributions that can be made by CCIs to changing policy environments to better suit their circumstances.

Related to the discussion above, a sixth element is derived from programme sustainability literature, in particular from an institutionalisation perspective and the focus given to 'strength' (Bossert, 1990) or 'maturity' (Steckler and Goodman, 1989) of a host organisation. In providing a stable base for programmes, it is suggested that a mature host organisation can act as a financial buffer and provide additional support in terms of administration, communications and fundraising assistance (Åkerlund, 2000; Chaskin, 2001; Community Solutions, 2004). Resonating with the business environment influences on strategy, Steckler and Goodman found that mature organisations tended to have extensively developed subsystems that provided a strong organisational base for programmes. Those with fewer and under-developed subsystems were less able to provide support and had greater difficulty integrating programmes. Organisational capacity was also a key part of the framework explored by Olsen (1998). Meanwhile, other findings suggest that organisations vary in the extent to which their pre-existing structures and processes are able to facilitate organisational change to promote health, while the level of development required may be considerable (Swerissen and Crisp, 2004). Support for this contention comes from Scheirer's review where it was found that only four of nineteen studies cited the strength of host organisational as a key influence on sustainability.

In the seventh and final element given consideration here, an emphasis is placed on the involvement of the community. From the perspective of determining future needs, Labonte and Laverack suggest that community capacity-building leads to an "increase in community groups' abilities to define, assess, analyse and act on health (or any other) concerns of importance to their members" (Labonte and Laverack, 2001: 114). Enhancing community participation was found to promote ownership and mobilise support for a programme (Bracht and Kingsbury, 1990; Bracht et al, 1994), particularly when seeking to enhance an organisation's identity (The Finance Project, 2002). Furthermore, having a high level of community involvement has been suggested to assist both in gaining wider community

acceptance and in accessing support (e.g. from volunteers) to help deliver activities (Rog et al, 2004). For HLCs, such involvement was often central to their construction and directs attention to organisational characteristics when considering sustainability strategies.

In summary, this review has highlighted and drawn together a number of elements from across a large set of studies of both programme and CCI sustainability that are relevant to the study of sustainability processes within HLCs. These are:

- leadership competence in building recognition, influencing policy makers and taking account of changing conditions
- the role of champions and advocates within partner organisations
- the need to seek funding that takes account of organisational aims and identity
- the importance of demonstrating effectiveness / undertaking evaluation
- a need to be responsive and adaptable to take account of multiple stakeholders' needs
- the 'strength' of a host organisation and its role in aiding sustainability
- ensuring the involvement of the community and maximising support from local people

These elements are taken into account and explored in my analysis chapters. Concluding this section, I examine in more detail the mainstreaming literature. The relevance of mainstreaming to HLCs' sustainability was noted at an early juncture in this thesis when background detail was provided on the establishment of the Centres. In the section which follows, I provide a more in-depth review of this concept. In addition, where relevant, I highlight how several of the elements introduced above might feature in HLC stakeholders' consideration of and strategising with regards approaches made to mainstream funders.

3.3.4 Mainstreaming

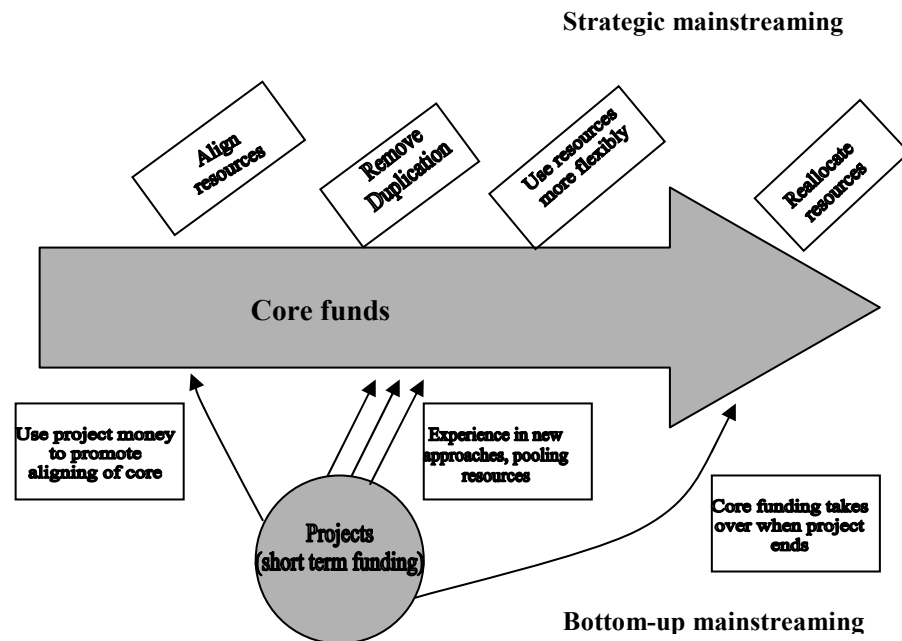
Examining definitions, Picciotto (2002) suggests that the verb, to mainstream, is a dynamic concept relating to a deliberate perturbation in the natural order of things and that while the mainstream represents an old order, mainstreaming seeks a new order. The term 'mainstream' is often used to refer to 'mainstream public services' including health, police, housing, education and transport (Audit Commission, 2002). In examining meanings of

mainstreaming within public policy and applied in particular to regeneration, Lever (2005) highlighted two pertinent features. The first involves ‘bending’ or redirecting of mainstream government services and funding towards the most deprived communities in society. The second involves transference of learning/good practice from existing area-based programmes to mainstream service providers.

In the case of HLCs, both of Lever’s distinctions might be considered in relation to sustainability, albeit with different consequences. For instance, successful mainstreaming of HLC organisations could entail that there would be no further requirement to seek external funding to secure continuation. In this scenario, financial support and administration would become part of mainstream service providers budgeting, management and reporting procedures. In the second distinction, mainstreaming good practice, an HLC itself might cease operations but its work could lead to the identification of practices such as the delivery of effective activities or methods of partnership working, which would be adopted by mainstream service providers (Department of Environment, Transport and the Regions (DETR), 2002). However, should attention to mainstreaming feature in my study of HLCs, it is necessary to take into account implications relating to any future construction of Centre dependent on mainstream funders funding criteria, while remaining mindful of continued attempts to address local communities’ needs.

Further examination of the implications of mainstreaming were given following an evaluation of Local Strategic Partnerships (LSPs) in England (Office of the Deputy Prime Minister (ODPM), 2004) where a focus was placed on mainstreaming and aligning resources in order to address the proliferation of initiatives devised to tackle regeneration. In this evaluation the two types of mainstreaming identified by Lever were further explored. The first of these was termed ‘strategic mainstreaming’ and involved refocusing mainstream programmes (and funding) according to targets agreed and shared by local partners and reflecting local needs. The second was termed ‘bottom up’ (or initiative) mainstreaming, where learning from localised, short-term pilots (or initiatives) could be applied to mainstream programmes with the aim being to achieve sustainable funding for these pilots. As such, ‘bottom up’ mainstreaming was suggested to be a way of developing strategic mainstreaming (see Figure 4 below).

Figure 4: Relationship between strategic and bottom-up mainstreaming (from ODPM, 2004: 10)



Lever suggests that the diagram above illustrates how core-funding streams could be aligned, co-ordinated and used to bolster individual organisation's budgets. The mainstreaming process, he suggests, enables the removal of duplication, reallocation of funds, filling of funding gaps and prioritisation of the needs of individuals and groups by responding to their needs. The diagram also illustrates how short-term funded initiatives can promote the realignment of main budgets, support change and innovation and establish sustainable activities as initiatives are incorporated into core funding (2005: 17-18). As this suggests, mainstreaming is intended to involve a process whereby short-term funded projects both influence and become part of mainstream service providers remits.

However, while the LSP model serves as a useful guide regarding how HLCs and wider partnerships might consider mainstreaming, research evidence has found little support for successful mainstreaming (DETR, 2002; ODPM, 2004). For instance, within area-based programmes there has often been criticism both of a failure to redirect mainstream resources and of innovations being adopted by mainstream bodies, with reliance instead placed on area-based initiatives to prop up service delivery (Audit Commission, 2002; DETR, 2002; Stewart et al, 1999).

Highlighting a significant challenge, and one which requires examination of HLCs relationship to mainstream funders and desire to appropriate mainstream funding, Lever discusses the often limited ways in which mainstreaming is considered. Here, Lever draws attention to how despite clarifications given in models such as in the LSP evaluation, concerns “over long term (‘continuity’) funding ... still dominates the mainstreaming debate” (2005: 13). This, Lever suggests, results in managers of area-based projects looking toward the mainstream in order to secure the future of a project, rather than to integrate provision.

While there are obvious differences between the forms of and mechanisms underpinning mainstreaming, further studies suggest barriers impacting on whether or not it occurs (e.g. Audit Commission, 2002), which might be considered in the present study. A review has classified these barriers under four headings, which are: short-termism, organisational inflexibility, lack of additionality, and learning lessons (DETR, 2002). First, policy development is suggested to mainly operate with a short-term outlook and to focus on projects that produce results quickly. Akin to the product-process tension (Connell and Kubisch, 1998; Weiss, 1995) discussed above, mainstreaming has been suggested to devote little time to activity which does not directly contribute to meeting targets and delivering outcomes. Focusing on devising something ‘new’, little attention is given to work to continue existing infrastructure (DETR, 2002).

Second, organisational inflexibility in the design of area-based projects is suggested to limit mainstreaming opportunities. Weak links are often found between projects and mainstream agencies as projects often cross-cut organisational boundaries. Professional links are often poorly developed, with limited emphasis placed on ensuring that mainstreaming occurs. In conjunction, entrenched public services are considered resistant to change and not to welcome new ways of working. Third, many discussions surrounding mainstreaming have concluded that the focus often remains on sustaining the activity or project in the same location, rather than consider alternatives. Mainstream resources are often unable to stretch to take on funding for such initiatives. Furthermore, there remains suspicion among local people who view the mainstream as having failed them in the past. Fourth, it has been suggested that there is an inability to learn from previous experience, a reluctance to accept criticism and often a lack of evaluation, resulting in unwillingness for mainstream agencies to provide funding where there is little evidence of impact (DETR, 2002). With these

criticisms of mainstreaming in mind, what then might the term, and consideration given to it, mean for HLCs seeking sustainability?

For HLCs operating as ‘platforms for innovation’, the processes underpinning their community development activities over the longer-term mean it might be unlikely that they would deliver quick outcomes (e.g. Åkerlund, 2000). Given mainstream agencies reported intransigence, while the HLC model was designed to be responsive and adaptable, the imperative placed on obtaining support from entrenched public services might prove hard to surmount. In particular, sector restructuring might affect the consideration given to a niche programme such as the HLCs in relation to wider health system changes. Furthermore, with barriers to mainstreaming surrounding the inability of projects to expand geographically, might this be a factor that limits HLCs which were often designed to address the needs of particular communities living in bounded geographical areas? Also, how might the perceived independence of a Lottery funded project and its links to and engagement with local people be affected if subsumed within often negatively perceived mainstream agencies? Finally, how might HLCs seek to demonstrate the impact of their organisations given the known limitations in their evaluation plans (Platt et al, 2005a) and is this likely to be sufficient to help obtain mainstream funding?

3.4 Summary

The sections above have explored and reviewed a theoretical rationale which aids my study of HLC sustainability processes. A review of organisational change literature led me to focus on the ways in which strategy and strategic decision-making might be used to situate and explore HLC stakeholders’ accounts of sustainability processes. Theoretical classifications of strategy were drawn upon to situate ways in which constraints might be faced by HLC stakeholders when discussing sustainability. Following this review, I provided a critique which highlighted how greater attention should be given to organisational politics when exploring HLC stakeholders’ portrayal of strategy. Following this explication of strategy, I reviewed the different ways in which sustainability has been considered within the broader literature exploring programmes and in a set of organisations, which resemble HLCs, known as complex community initiatives. Synthesising across these different literatures I outlined a series of seven influences that commonly feature across multiple studies of sustainability. Discussing these influences I posited how they might be useful in my exploration of HLCs.

In the latter part of the chapter, I undertook a theoretical examination of mainstreaming and challenges faced by organisations seeking mainstream resources.

In the chapter which follows I outline my methodology and the methods used to explore sustainability processes in HLC organisations.

4 METHODOLOGY

4.1 Introduction

This chapter outlines the methodological justification for this thesis. Throughout the chapter I discuss the different time-frames guiding data collection conducted for the evaluation and for my PhD, and of how my PhD research design and analysis build and extend upon the second phase of evaluative research. In Part One I begin by exploring the rationale for the Scottish Executive/NHS Health Scotland-commissioned qualitative evaluation of Scottish HLCs from which my study originated. Then I discuss the philosophical issues which underpinned my PhD methodology when examining sustainability. An outline of the original research design is then provided along with my use of a case study approach. I then examine team-based choices of sites studied in the evaluation and decisions I made about HLC sites included within this PhD. This section concludes with a descriptive overview of the three sites selected to participate. Part Two examines the steps involved in gathering data from participants. This begins with a discussion of my ethnographic approach to evaluation, the choice of methods and use of in-depth interviews. Decisions surrounding fieldwork processes are then explored, including: gaining access; development of topic guides; sampling decisions; and, recruitment. This is followed by an account of the fieldwork undertaken and of data analysis. Throughout the latter sections I have reflected on issues that arose during fieldwork, how these were addressed and their influence on interpretations of the data collected.

PART I

4.2 Thesis origins

To outline the methodological justification for this study requires an examination of its origins, in particular of the qualitative evaluation of Scottish HLCs from which my study and the focus given to sustainability emerged. This use of qualitative evaluation reflects the understanding that some health interventions, such as community-based initiatives, are less readily amenable to experimental research designs (Popay and Williams, 1998; Judge and Bauld, 2001). The reader should note that the ‘process’ evaluation of Scottish HLCs and its

associated aims and objectives had been determined in advance of me taking up post. At the outset of phase one, methodological decisions surrounding the evaluation were made by the wider team, to which I contributed. During phase two, team-based methodological choices took account of this earlier period of work, while latterly I made decisions particular to the work required for this thesis.

While many evaluation theorists have sought to differentiate between research and evaluation, my undertaking of the qualitative evaluation of HLCs formed part of a broader “evaluative research” tradition. As Shaw states: “Evaluation is best understood as entailing the conduct of evaluative research rather than a discrete set of evaluation axioms or methodology separate from the wider research enterprise” (Shaw, 1999: 5). Such a statement at this early juncture is made in an attempt to address the lack of consensus that exists regarding answers to questions, ‘what is evaluation?’ and ‘what is research?’ Commonly held definitions of evaluation outline a process of determining merit or worth in order to study the effectiveness with which existing knowledge informs practical action (Clarke, 1999). In contrast research has been suggested to be more concerned with generalisability and replicability than evaluation (Scriven, 1991). Lincoln and Guba are more specific and state: “Research is undertaken to resolve some problem, while evaluation is undertaken to establish value” (1986: 551). Shaw refutes many of the claims of these theorists arguing that disagreements between them “are not at the level of substance but of axioms or aims” (1999: 9).

With Shaw’s critique in mind, it has been suggested that the generalisability of findings in an evaluation relates to the purpose for which it is undertaken, as well as to the methods employed, as purpose is considered to guide all evaluation practice (Greene, 1994). Categorising evaluation purposes Chelimsky (1997) developed three conceptual perspectives, which are described as: evaluation for accountability, evaluation for development/ improvement and evaluation for knowledge. For Shaw, the outline of these positions underscores the “coherence yet diversity” (1999: 6) which evaluation purposes permit. Thus, it is the consideration given to evaluative purpose which aids determination of methodological choice. Discussed throughout this chapter, evaluation purpose affected how methods were employed (Chelimsky, 1997). What then was the purpose of the original evaluation?

Funded by the Scottish Executive, phase one of the process evaluation of Scottish HLCs was designed to improve knowledge about the implementation, operation and development of Centres, through exploration of pathways between activities, processes, contexts and outcomes in a purposive sample of six HLCs. In contrast to emphases given to accountability and development in evaluations of community initiatives (Hills, 2004), the evaluation team's decision to select and use six sites was intended to maximise the generalisability of findings across HLCs and to draw "generalisable conclusions" which were of relevance to wider health policy (Platt et al, 2002). This approach resonates with the knowledge development purpose of evaluation categorised by Chelimsky, for example, where attempts are made to obtain a deeper understanding of a specific area. In advance of me coming into post, the exploratory emphasis given to the process evaluation also informed the choice of qualitative methods.

While this evaluation is reported elsewhere (see Platt et al, 2005a), towards its latter stages it became evident that HLC management were increasingly focused on how the organisations might continue beyond the timeframe of their original BLF funding. However, the duration of the first phase (2002–2005) did not permit longer-term examination of sustainability processes for Centres, many of which were funded into 2008. Yet this earlier work provided grounding in the lifecycle of the programme, helping to inform the study of sustainability taking into account context and prior processes surrounding Centres' development and implementation. Furthermore, as the literature review has shown, the key sustainability issues facing short-term funded initiatives have mainly been investigated retrospectively, while the processes by which community organisations work to attain sustainability remain poorly understood. Prior to the end of the first phase of the Scottish evaluation and in consultation with wider team members I registered for a PhD to explore more fully the issues surrounding sustainability processes.

In conjunction, a team comprised of Steve Platt, Kathryn Backett-Milburn and myself began to develop a bid for funding to continue the process evaluation. Following my registration to undertake a PhD our team were successful in obtaining funding to conduct a second phase of the evaluation to examine the latter years of HLCs' BLF funding with evaluation purpose again focussed on knowledge development. This phase concentrated on HLCs' continued implementation, development and responses to a changing policy environment, specifically focusing on exploration of approaches used to address health inequalities and sustainability processes being considered by case study sites. As Shaw outlines, evaluation purposes

include “gaining insight into public problems” and to better understand “how organisations work and how they change” (1999: 6).

As I will illustrate, my thesis draws on three case study HLCs which participated in the wider evaluation. This sample enabled in-depth exploration of stakeholders’ perspectives and processes they engaged in when discussing sustainability. Throughout this chapter I will expand on how my choice of case study sites, my research design, and undertaking of analysis signify original contributions over and above the work of the evaluation from which my PhD was derived. In beginning this process, I turn now to detail my theory of evaluation, as this was not explicated in the initial evaluation research. As prompted by Silverman, the production of research analyses and writing up of findings takes the form of structured stories about data which requires explanation for readers who need to know how and why such data were gathered and produced in their final form (Silverman, 2000). Here, philosophical underpinnings underscore the distinctions between methodology and methods choices. In the sections which follow I explore such matters to clarify influences on my continued use of qualitative methods in the evaluation and hence PhD, along with data analysis techniques.

4.3 Researching sustainability: qualitative evaluation methodology

As discussed, there has been an expansion of interest in the topic of sustainability over recent years, in particular focusing on programmes and latterly on complex community initiatives, often from a positivist perspective. Contrasting with these often retrospective analyses of the extent of sustainability and influencing factors, the choice of methodology was contingent upon the purpose of the study to enhance understanding of the processes by which HLC stakeholders sought to sustain their organisations. Thus, my approach took account of the ‘process’ focus applied during phase one of the evaluation and use of exploratory qualitative methods. Yet, for my own work and from a philosophical perspective, what does it mean to ask participants about sustainability processes when activity was currently being undertaken to secure the future of organisations? Furthermore, how might such an investigation take account of the emergent processes surrounding the sustainability process in a policy environment that was itself evolving over time? Such questions direct attention to the importance of methodology and imply the adoption of certain philosophical positions.

4.3.1 Paradigmatic choices: epistemology and ontology

At the heart of the debate for conducting research or evaluation (and hence choice of methodology) lie the philosophical tenets of epistemology – the status of knowledge that is produced, and ontology – the nature of reality (Guba, 1990). In terms of social research the two terms are linked and differences between them have consequences for the design of a research study, the generation of empirical data and for the interpretation of findings (Guba and Lincoln, 1998). As Mason (1996) argues, it is important to understand and connect answers to epistemological and ontological questions so that the two sets of answers are consistent and allow the development of some logic between what you think you can know about the world and what you can actually ask people about it. Although viewed by some as a distraction to evaluation practice (Miles and Huberman, 1988; Scriven, 1997), others (e.g. Clarke, 1999; Patton, 1982; Patton, 1988) advise that it is imperative that those undertaking evaluative research are aware of the philosophical debates regarding the use of social research methods both to inform practice and to produce meaningful findings.

At one end of a continuum, quantitative evaluation paradigms, which incorporate approaches used to record the extent of sustainability (e.g. Goodman et al, 1993), are based upon ‘realist’ ontology (Guba and Lincoln, 1988). Such approaches consider that objective truths can be determined (or discovered) about a knowable world that exists independently of ways in which that world is examined. Quantitative work to establish ‘cause and effect’ relationships involves the control of context and unique cases. At the epistemological level, sustainability is considered a concept amenable to measurement that is knowable through experimental and generalisable research designs, which utilise quantitative measurements (e.g. surveys) and which limit the interactive role of the researcher.

In contrast, proponents of the constructivist paradigm, reject such views. As espoused by proponents of a ‘relativist’ ontology, there are multiple, subjective realities. Knowledge, for example of the processes underscoring work to attain sustainability, is considered a social construction formed through experience and therefore no one ‘objective’ reality can exist (Guba and Lincoln, 1998; Stake, 1995). Contrasting with the “context stripping” (Guba and Lincoln, 1998: 197) approach of quantitative studies, which are criticised for underplaying the importance of particular situations and settings, evaluators have been described as ‘active information brokers’ involved in ‘the business of knowledge construction’ (Shadish et al,

1991). In seeking to take account of the social processes that affect outcomes (Weiss, 1970), the epistemological stance in the qualitative paradigm is 'interpretivist' (Mason, 1996). Such a stance requires the researcher to examine social interaction in natural settings to help uncover social meanings of lived experience (Denzin, 1989; Clarke, 1999).

In the past the multiple positions from which researchers spoke were often considered incommensurate paradigms: for example, positivist versus naturalist, realist versus relativist and the quantitative / qualitative "dichotomy" (Oakley, 2000: 3). Although such divides are rejected by some as irrelevant (Hammersley, 1998), others retain their views on distinguishing the approaches taken (Stoecker, 1991). Yet, as professed by several researchers, the resolution of the paradigms debate is regarded as a futile exercise (e.g. Becker, 1993; Hammersley, 1995) and likely to remain under dispute (Shaw, 1999). Instead and seeking to bridge divides, for many researchers the approaches on offer are considered part of a methodological continuum (Silverman, 1997) with pragmatic choices made according to what information is sought rather than in accordance with a particular philosophical position (Cook and Reichardt, 1979). What then might be the best approach to take to examine sustainability processes in HLCs?

4.3.2 Realism, relativism and representing reality

In seeking to address this divide I have made use of the guidance offered in recent formulations of realism, drawing on the critical realist stance described by Bhaskar (1998). Such a stance has been suggested to overcome criticisms associated with 'naive' realism and a correspondence view of truth, to provide a model of scientific explanation that circumvents both positivism and relativism (Robson, 2002). Exponents of critical realism contend that the natural and social worlds alike are composed not merely of events (the actual) and experiences (the empirical), but also of underlying generative mechanisms/reasons (the real) that exist to govern or facilitate events "independently of whether they are detected or not" (Scambler, 2002: 43). Such mechanisms can be social in origin and are constituted of individual reasoning comprising people's choices and the capacities that they derive from group membership.

In this formulation, where constructivism is compatible with realism, there is no absolute foundation for science and a researcher can maintain belief in the existence of phenomena

independent of claims made about them and in the extent to which they are known (Shaw, 1999). Terming this “critical or fallible realism” (1999: 54), Shaw considers such a stance to be the position adopted by the majority of evaluation theorists including Scriven, Campbell, House, Cook and Shadish. Here, evaluation participants’ accounts are treated as constructions as, although objectivity remains the goal, evaluative processes are affected by factional interests such as political interactions (Cronbach et al, 1980), the interaction of the evaluator with those being researched, by powerful stakeholders and by the vagaries of the social world (Shaw, 1999; Guba, 1990). Accepting that diverse perspectives exist does not necessarily negate the idea of an external reality which can be captured. Rather this concept of an external reality is qualified by recognition that there is no one way of looking at the world. Instead, the aim is to enhance understanding by exploring and conveying a full picture of this diverse and multi-faceted reality.

Meanwhile, the role of social theory within this formulation accords explanation of how mechanisms produce events through generative processes (Harré, 1972). For the purposes of the first phase evaluation of Scottish HLCs, the use of qualitative methods enabled exploration of the ‘pathways’ between centres’ activities, local context and processes, and eventual or expected outcomes. In this current study the use of a fallible realist formulation allows for significant themes identified in the literature review and from the first phase of evaluation which purport to account for sustainability to be explored in relation to the processes engaged in by HLC stakeholders.

While not limited to a particular paradigm’s methodological contentions, the exploratory nature of the topic and the limitations of previous research on sustainability (see 2.4.1) had led to decisions to continue using qualitative methods during phase two. From my perspective and taking into account my PhD work, the combined approach of induction and deduction advocated by researchers such as Seale and Kelly (1998) seemed an optimal strategy. As in the earlier evaluation, I continued to draw on a grounded theory approach (Glaser and Strauss, 1967; Glaser, 1992). Such an approach allows issues, concepts and theories to emerge from data provided by participants. Thus, findings were not limited to the parameters of a pre-conceived theory. In addition to emergent themes I was cognizant of the sensitising accounts given by stakeholders to which I had been party during phase one and to significant themes identified in the literature. Taking into account my role and interaction with study participants, such an approach allowed me to consider accounts as selective

constructions without abandoning the idea that they may represent phenomena independent of themselves, and the researcher, more or less accurately (Hammersley, 1998).

While this account of fallible realism provides a philosophical underpinning and guidance in relation to the conduct of the study it may also make assessments of the validity of findings problematic. Validity relates to how accurately an account of findings represents the features of the phenomena that it purports to explain, describe or theorise (Kirk and Miller, 1986). While questions relating to the validity of evaluation findings are influenced by the purpose for which evaluation is undertaken (Shaw, 1999), a more general assessment of validity of research involves an examination of a claim's plausibility and credibility (Hammersley, 1995). As such the assessment of validity should consider "plausibility" in terms of "consistency with existing knowledge whose validity is taken to be beyond reasonable doubt", and "credibility", in terms of the "likelihood that the process which produced the claim is free of serious error" (1995: 75). Such assessments are both the responsibility of the researcher and of the audience or readers. As this study was informed by constructivist thinking, the aim was not to establish an objective reality, but to reach an understanding from participants differentially constructed knowledge (Stake, 1995). Such an approach and the reflexive undertaking this invites are discussed throughout this chapter and help to maintain a critical purchase on both research observations and the accounts of participants.

4.4 Methodological approach - case studies and choice of sites

The use of a case study approach in this thesis is a continuation and refinement of its application in the original evaluation of HLCs. Considered to be useful for the examination of process (Becker, 1966; Denscombe, 1998) case studies were a useful organising framework to explore HLC stakeholders' accounts. Here, the wider evaluation team had deemed a case study approach to be sufficiently flexible to facilitate the process evaluation of the HLC programme, in order to explore the pathways between activities, processes, contexts and outcomes (see Platt et al, 2002). As Shaw argues, case studies and the use of qualitative methodology facilitate the development of detailed accounts and understanding of process, which are often used to link evaluation outcomes to the "contingent and constructivist nature of policies, programmes and practices" (1999: 134).

Furthermore, framing HLCs as case studies allow for longitudinal investigation of the experiences of a number of actors involved in a common phenomenon, exploration of changes that take place in circumstances over time and identification of factors underpinning these changes (Molloy et al, 2002). Such an approach has been considered informative for the purposes of studying the characteristics of adaptive health care organisations (Anderson et al, 2005). Similarly for this thesis, if it is considered that multiple perspectives on sustainability exist and that these are a product of both time and place, then an enhanced understanding is aided by a methodology which seeks to capture and explain change over time.

4.4.1 What is a case study?

Multiple differences in understandings and usage of case studies exist, although most advocates agree that the decision to use a case study approach is often strategic, where a 'case' is examined in its natural setting (Denscombe, 1998, Hammersley, 1992). The breadth of existing case study usages has led to several co-existing definitions. For instance, Yin defines case study as:

“...an empirical enquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used” (1994: 28).

Meanwhile, Denscombe applies a definition which suggests that:

“Case studies focus on one instance (or a few instances) of a particular phenomenon with a view to providing an in-depth account of events, relationships, experiences or processes occurring in that particular instance” (1998: 32).

While both definitions have proved useful to me, differences are evident in whether or not case study should incorporate a focus on method. While Yin's definition incorporates methods I incline toward the approach taken by Stake (1995) where the case is understood as an object, defined by choices of individual cases studied rather than methods to be used (Stoecker, 1991). This was the usage applied during phase one of the evaluation, whereby HLC case study sites were used to explore the pathways between activities, processes, contexts and outcomes to investigate how these related to wider programme aims. In this instance, such decisions were determined by the scale and scope of the investigation, using

Stoecker's (1991: 98) understanding of case study as "a frame for determining the boundaries of information gathering." Aiding determination of the boundaries of the context to be defined, flexibility of method is considered central to such an approach (Stoecker, 1991; Denscombe, 1998). Continuing with such an approach in this PhD study and during phase two of the evaluation, HLC case study sites were again considered as a research design feature or 'frame'. Investigations of sustainability processes in such organisations might then be extrapolated to community health initiatives in general. Furthermore, and as detailed in section 4.4.4 (see also figure 5), the application of a case study approach latterly enabled me to broaden my focus in the PhD to seek the views of external respondents.

4.4.2 Multiple cases and generalisation

There has been debate surrounding the extent to which case study approaches should be used to examine features of a particular case (e.g. Stake, 1995), to examine and make comparisons between multiple cases (e.g. Eisenhardt, 1989) and to generalise to larger populations. Discussing comparative case studies, Stoecker (1991) suggests that such a focus might limit attention to the idiosyncrasies of each case thus obscuring other knowledge about it (Stake, 1994) and limiting generalisability. This is countered by Denscombe (1998) who outlines that although each case may in some respects be unique, it is also an example of a broader class of things. According to Denscombe, the generalisability of findings from one case study to other examples depends on the similarity with others of its type.

Such an example was outlined by Yin (2003), who discussed how multiple case studies have increasingly been used in the study of school innovations, in which independent examples are developed at different sites. Often initiated as part of a larger programme, the widespread establishment of such innovations enables the possibility of multiple case studies, particularly as such examples are unlikely to form the critical, extreme or least-likely instances usually considered in single-case study sites (Shaw, 1999). The HLC programme implementation of forty-six Scottish Centres enabled a multiple case study approach to be adopted in the evaluation. Such an approach has been advocated by Finch to facilitate comparative evaluation to be undertaken as multiple case studies can be achieved where projects are established "in different settings, selected on criteria developed from existing theory to provide the most significant dimensions for comparison" (1986: 185).

Furthermore, in discussing the influences of evaluation purpose on case study choices, Cronbach et al (1980), voiced scepticism over idiosyncratic case study findings. Instead these authors suggest that designs should balance depth and breadth with realism and control in order to permit extrapolation (1980: 231-235). According to Patton (2002), such extrapolations are more modest speculations on the likely application of findings to other situations under similar, yet not identical, conditions. Patton suggests that extrapolations are logical, thoughtful, case-derived and problem oriented rather than statistical and probabilistic. In this vein, extrapolations can produce relevant information and lessons learned which can be targeted to specific concerns for present and future application. Such an instrumental position (see also Stake, 1995), while impacting on how findings might be used, draws attention to the case study sites which participated in the original evaluation. This, in turn, influenced my choices for the present study and is examined further below.

4.4.3 Choosing multiple HLC sites as case studies in the first phase of the evaluation

As stated by Hammersley, the decision to use a case study approach, "...highlights, in particular, the choices that we [researchers] have to make about how many cases to investigate and how these are to be selected" (1992: 184-185). Several views compete to advise the researcher how the choice of cases might be made. While Stake (1995) focuses mainly on the single case and considers almost any case to offer learning opportunities, others are more specific, for instance, arguing that the choice of a case (or cases) should be made according to its (or their) explanatory power (Mitchell, 1983). In other accounts, Denscombe (1998) determines that selection of cases is a function of suitability of purpose, which may require the exploration of a number of cases devised as part of a larger initiative.

An appraisal of the choice of sites made in the initial HLC evaluation highlights several features related to Stake's (1995) use of an *instrumental* approach to case study research, the explanatory potential particular sites offered, and Denscombe's arguments based on suitability of purpose. Latterly in the undertaking of the second phase of the evaluation, and for the purposes of this study, issues of sustainability increasingly came to the fore, which also accords with using instrumental and purposive approaches to examine such matters. Across both phases of the evaluation, multiple case studies, which equate with Stake's

collective approach, allow for the exploration and comparison of processes engaged in by HLC stakeholders, latterly focussing on sustainability.

As first mooted in the original (phase one) grant proposal (see Platt et al, 2002) purposive sampling of HLCs, which took account of HLC contextual features, was used in order to construct a sample based upon its explanatory power (Mitchell, 1983). This method of selection aimed to provide data on key features and processes that the study was focussed on (Denzin and Lincoln, 1994). This necessitated that careful choices be based on the critical assessment of the parameters of the HLC programme in which the research team had an interest (Silverman, 1997; Denzin and Lincoln, 1994).

When the evaluation began, a total of thirty-one HLCs had been granted funding in Scotland. Requests to the BLF led to the research team²⁰ being given access to funded HLCs' first and second stage bid documentation and to BLF assessors' reports on these bids. In the first instance the evaluation team received documentation on nineteen HLCs and three months later received documentation on the remaining twelve²¹. The decision to approach HLCs was aided by the development of several matrices (see Stake, 1994) that served as a sampling frames and which comprised the main features of Centres identified in bid documentation. Prior to my taking up post, matrices were devised by grantholders, which categorised HLC characteristics in 'cells' within each matrix. These included: the type of HLC (e.g. its community development focus, links to the health service, its breadth of focus (e.g. number of target groups) or whether it was operating as an 'umbrella' organisation); the local context; the type of partnership proposed; the attention given to addressing NHS priorities; target group environment; target group personal circumstances; aspects of health to be targeted; age ranges of target groups; ethnicity of target groups; proposed HLC facilities; proposed activities; and, the emphasis given to provision of advice/information (see Appendices 1.1–1.4).

In order to further inform the decision-making process, our team ran two workshops to which selected HLCs were invited. These events allowed the team to meet HLC stakeholders and discuss in more detail the remit of their project and the requirements of our proposed evaluation. After examining the matrices, twelve of the

²⁰ This team comprised: Steve Platt, Mark Petticrew, Kathryn Backett-Milburn, David Rankin & Julie Truman

²¹ Forty-six HLCs were funded in Scotland. BLF funding decisions on the remaining fifteen HLCs sites were delayed, which meant these sites could not be considered for inclusion in the evaluation.

original nineteen HLCs were invited to a first workshop²². Following this event and team discussion of matrix characteristics which focussed on providing significant dimensions for comparison (Finch, 1986), letters were sent to eight HLCs seeking their agreement to participate. Five unequivocal responses were received and, following a further team-based review of matrices, two HLCs were selected and agreed to participate. Meanwhile, the manager at a third site was asked if this Centre would be willing to be considered in future²³. As fieldwork got underway at the first two Centres, further documentation was received on the remaining twelve HLCs and their characteristics entered into the matrices. All twelve of these sites were invited to a second workshop. Following this event and further review of the matrices, approaches inviting participation were made to three of these HLCs along with an approach to the site remaining on hold following the first workshop. All four of these HLCs agreed to participate, bringing the total up to six.

The chosen sample varied according to: geographical location; the focus given to the delivery of services in a dedicated centre, through using outreach services or as a network of existing services; whether an HLC targeted defined communities (e.g. particular groups living within bounded areas) or communities of interest; according to the existing infrastructure and availability of other services; by differences in type of host organisation; differences in the type of services provided; and according to the various health issues that had been identified by host communities. Sites' induction to the study was staggered. I was responsible for undertaking fieldwork at four sites, while my colleague, Julie Truman, undertook work at the remaining two. Initiation of sites to the evaluation was staggered across nine months with two tranches of fieldwork, separated by a one-year interval, conducted at each site during phase one of the evaluation.

²² Seven projects were not invited to this event following an examination of matrices and from discussions with evaluation advisory group members. Reasons for exclusion included: size of HLC - further evaluation was considered overwhelming; HLCs that had engaged an external evaluation from another university; certain types of Centre which were not best served by a case study approach; concerns regarding the likelihood of an HLC's operational readiness.

²³ This decision was taken as it had been agreed by grant holders to recruit a total of six HLCs to the study, with three sets of two HLCs inducted at three month intervals in order not to overburden the research team. The remaining two HLCs, which had indicated their willingness to participate, were inducted into the national evaluation of HLCs run by the Bridge Consortium.

4.4.4 Refinement of the PhD study: exploring sustainability using HLC case studies

Toward the end of the first phase of evaluation fieldwork the issue of sustainability had become increasingly salient within each of the case study sites. Speaking with Kathryn Backett-Milburn, who was one of the original grantholders, I decided to undertake further study of the HLCs, with a focus applied to their sustainability. In so doing, I was successful in applying for and being granted permission to begin this PhD, starting in September 2004.

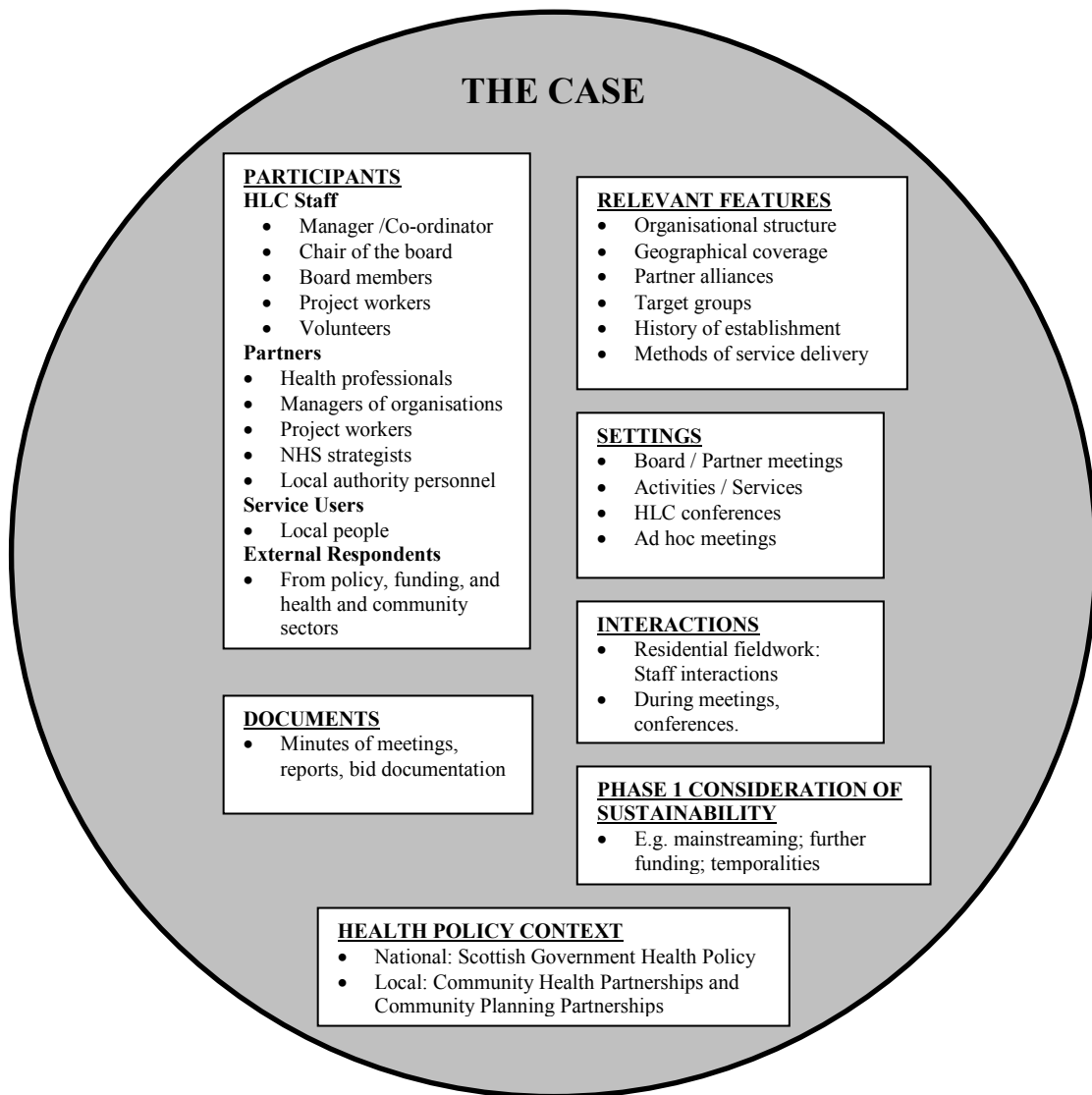
Shortly afterwards, and in advance of the production of the phase one evaluation report (see Platt et al, 2005), three members of the original research team²⁴ developed a proposal which sought to continue with and further refine the evaluation. This was designed to address the short-comings of the original evaluation time-frame by examining longer-term development, responses to changing policy environments, in-depth exploration of health inequalities and issues/processes relating to sustainability within the six participating HLCs (Platt et al, 2005b). While this evaluation proposal was being considered (and ultimately accepted) by funders²⁵, I made approaches to the six managers who acted as gatekeepers within each of the HLCs. All agreed to continue with their sites' participation in the wider evaluation and also to allow me additional access to facilitate enhanced data collection over the longer-term and specifically linked to my PhD. The funding award permitted a second phase of evaluation (starting in June 2005) and enabled one further tranche of fieldwork at each HLC, which comprised one part of my PhD fieldwork (see section 4.6 for further detail).

Specific to my PhD, the use of HLCs as a research 'frame' (Stoecker, 1991) allowed for the examination of a 'case' which refers to events or an entity and which Yin (2003: 22) suggests can include the study of "decisions about programs ... and organisational change". Hence, the object of the study, namely the attention given to HLCs' sustainability, helped define the case. Herein the use of HLCs as case studies offered both a way to explore sustainability processes within natural settings and, for the purposes of my PhD, enabled a flexible approach to be taken when seeking longitudinal accounts. To further explicate my design I have presented a case study framework (see Figure 5), which provides an overview of the research I undertook and why (Robson, 2002).

²⁴ The team members were Steve Platt, Kathryn Backett-Milburn and David Rankin.

²⁵ Phase two of the evaluation was funded by NHS Health Scotland and the Scottish Government.

Figure 5: The case study framework



Such a framework helped provide a boundary within which my research questions could be framed and findings interpreted²⁶. For example, my original proposal contained several strands which were used to order my approach. These included: issues surrounding HLCs' contextual background, new government policies, partners' inputs, community development emphasis and strategies adopted surrounding sustainability discussions. Extending the original evaluation design, the flexibility of the case study approach also enabled my PhD study design to evolve iteratively (e.g. Eisenhardt, 1989). Distinguishing the PhD study, and

²⁶ This framework was also used, in part, to aid greater in-depth exploration of and actions to ameliorate health inequalities explored within phase two of the evaluation. In accordance with suggestions made by Williams (2003), this framework reflected attempts better to understand the impact of social structures on health, through exploration of historical and real-time processes undertaken in HLCs. Thus, by drawing across both phases of the evaluation, attention was given to ways in which such processes affected HLC services users and local communities.

as further explicated in section 4.5, my longitudinal approach comprised interviews with project managers at several points in time. Such flexibility and the application of a longitudinal focus to data collection, facilitated attention to accounts detailing changes to government policy and to explore whether/how such changes influenced sustainability processes and strategising. The flexibility of a case study approach also enabled me to extend my PhD study beyond the boundaries of the original evaluation. For example, after research for the evaluation was concluded, based on my early analytical understanding, and undertaken solely for the purposes of the PhD, I approached and interviewed participants who had roles in policy, health, community and funding environments, all of whom were associated with the HLC programme and who held views relevant to Centres' sustainability (see 4.6.4).

4.4.5 Pragmatics and principles informing case study choices

At the outset of the second phase of evaluation, I originally had considered that all six sites would feature in further study conducted for my PhD. However, in autumn 2005, I was required to undertake a first year review. This entailed the production of an essay containing a short review of literature, my progress to date and future plans, alongside a presentation to a panel of academics. Having indicated that I was to conduct evaluation fieldwork at all six sites, one of the main recommendations made by this panel was to place a limit on the number of cases included in enhanced PhD-related data collection, and in the analysis and production of the thesis. As I was contracted to undertake a block of fieldwork for the evaluation at each of the sites, and as I had gained acceptance from study funders regarding the additional insights to the literature that my doctoral research would bring to the evaluation, I felt that my final choices would best be made after phase two fieldwork was complete. This, I felt, would enable me better to consider case selection based on my iterative analyses of evaluation data whereby choices could be made of sites to which I would then return to gather longitudinal data specific to my PhD.

Following phase two and given the diversity of types of HLC that were funded and the six which were included to represent the breadth of the programme, how might I narrow this focus to examine sustainability in more depth? My choice of Centres drew on the writings of Stake as I sought to maximise what I could learn from particular sites, while being mindful that the representativeness even of a small sample is difficult to defend, particularly as

relevant characteristics are likely to be so numerous to allow only a few combinations to be included (Stake, 1995). Choices among the sites participating in the wider evaluation took into account my knowledge of sustainability from the literature review and of how my findings might impact on community health initiatives in general. Several assumptions vied for consideration in the decisions I made, although it should be noted that my thinking evolved and decisions changed over the course of fieldwork as I sought to maximise what could be learned. Indeed, each period of fieldwork at a different HLC led to new dilemmas as each site contained interesting features that merited potential inclusion. At several points my choices oscillated between including one site over another; it was both a benefit and a bind to be able to base decisions according to what was or was not happening in particular sites at different times. As this implies, and because an iterative analytical process was taking place, data from other sites, not reported here, often informed how I came to understand sustainability.

For instance, should I focus on geographical location, types of target group, type of partnership or structure of HLC? Taking account of the original aim to explore strategies to attain sustainability relevant to issues faced by wider community health initiatives, I narrowed my focus to take account of the different structures that HLCs comprised. One of the key criteria by which HLCs were distinguished was the manner in which they were initiated. Broadly, sample HLCs could be separated into two categories: those established and housed by local statutory structures or by voluntary bodies and those established as independent community organisations. Of the six sites participating in the evaluation three were hosted by local authorities or NHS trusts, one was hosted by a voluntary organisation, while two were established as community organisations.

Over time I came to discard three sites from the six that had originally participated. First, I chose to discard two of the statutory-led sites from further study. In one site it was apparent at an early juncture that the network based structure of this HLC was significantly different to other organisations. Although extreme instances are considered viable for case study (Denscombe, 1998), the pre-existing organisations which comprised that particular HLC drew only part of their funding from the HLC grant. This meant that their continuation was not dependent on the sustainability of the wider HLC. In the second statutory-led site to be discarded, wider organisational change underway within its host organisation resulted in key people moving post and to lessened strategic consideration being given to the continuation of the HLC. Drawing on Stake's assertion that "we need to pick cases which are... hospitable

to our inquiry” (1995: 4), I decided that the longer-term prospects of study at this site were more limited than in others. The third site to be discarded was one which was hosted by and embedded within a voluntary organisation. Operating to meet the needs of a single-focus target group, this HLC did not address wider community needs and while it might be considered a least likely instance (Denscombe, 1998) it was less representative of community health initiatives in general and fell outwith the aims of the PhD.

My decisions surrounding the choice to include the remaining three sites were informed by iterative understandings of cases as fieldwork progressed. Thus, my choices of sites took into account their explanatory power (Stoecker, 1991) with regard to sustainability and typicality (Denscombe, 1998). While taking account of Stake’s contention that instrumental case study work does not depend on defending the typicality of cases, I consider that the remaining three sites, which I selected, offered a breadth of similarity to others that comprised the wider population of HLCs (see Bridge Consortium, 2007) and, crucially, to a wider population of community health initiatives. Selected sites encompassed both statutory and voluntary/community-led structures, targeted multiple geographical communities and communities of interest, and worked with a range of local people on issues that they had identified as impacting on health, and delivered wide-ranging activities. In addition, these sites covered both urban and rural communities. As Denscombe (1998) suggests, such typicality means that findings are more likely to apply elsewhere.

To further explicate my case study choices, the influence of phase one fieldwork on the selection of cases is worth reporting in brief here, rather than in the main body of findings, as this helped inform the empirical focus of this thesis. For instance, organisational structure and the extent to which stakeholders gave consideration to how the HLC might be constructed in the future were of great significance in sites selected for the PhD. In the first of the quotations below, in a phase one interview with a project manager (of what became known as site two), the statutory links to the NHS host organisation were evident. In this example the manager outlined her intention to try and enhance links with the NHS host and to be considered as a future “resource” deployed as part of statutory services (see first quotation). In comparison, the manager (of what became known as site one) considered that current funding models needed to be re-examined in order to determine how this community-led HLC might be able to draw on statutory partners’ funding while continuing to deliver services as an independent community organisation (see second quotation).

“...I’m keen to nurture the whole statutory agency-side partnership work and certainly in the [NHS] Trust side, is that if they do see us as a resource, we’re just going to be so good in five years time, they can’t say no to us.” (Manager, Site 2 – phase one interview).

“...we have to have core funding but maybe there has to be a sort of different model for projects like ourselves which recognise the importance of the voluntary [community] sector in working with primary care.” (Manager, Site 1 – phase one interview).

The selection of the remaining site was made in order to provide for further comparison and contrast with the other two HLCs because it highlighted an uncertainty about organisational structure and emphasised how some elements of sustainability were considered differently across sites. This site (3) had also been established as a community organisation; however it was apparent throughout fieldwork that its function was greatly influenced by a statutory organisation which provided a significant proportion of its funding. In the quotation below the manager of site three highlights her concerns about the influences that statutory funders might have on consideration given to sustainability, of how the HLC might have to respond to more powerful funding bodies and of how this presented a challenge when seeking to take account of the needs of the community which the organisation had been established to address (see quotation below).

“Are we planning for the future because of the directives that are coming down and being dictated by the powers that be, or are we planning for the future [based] on the needs of the community we work with? There has to be an element of both.” (Manager, Site 3 – phase one interview).

As Stake outlines, sampling by attributes should not be the highest priority, rather “opportunity to learn is of primary importance” (1995: 6). In addition to the focus placed on organisational structure, each of the selected sites had indicated during phase one their need to take into account the then newly developing community health partnerships and community planning partnerships. Coupled with my review of the literature and the learning that could be derived from the cases themselves, consideration being given to policy-led change in health and community structures further enhanced these sites’ suitability for generating findings that would have wider resonance for other community health initiatives. The sites which were selected are discussed below.

4.4.6 Anonymous descriptions of case study HLCs

While the descriptions which follow are anonymised they provide a background that aids contextualisation of the empirical work explored in later chapters. While my choice of sites included consideration given to their resonance with community health initiatives in general it was recognised by the UK-wide evaluation team that the sheer breadth of different types of structure, partnership arrangements and activities planned, and later implemented, made it difficult to provide a simple description of what constitutes a ‘healthy living centre’ (Bridge Consortium, 2007). The sites were as follows:

Site 1

This HLC was established as a new organisation, which operated as a company limited by guarantee with charitable status. It was led by a management board comprising of local community members, which was assisted by professional partners who acted as advisers. It operated in a small but densely populated urban area, which was characterised by entrenched poverty and poor quality social housing. Much of the area was due for demolition, which limited the availability of locations from which the HLC could operate. In order to overcome the lack of community venues, the HLC undertook extensive local partnership working and was able to add a new health dimension and address some of the training needs of existing community-based projects. The overarching aim of the HLC was to promote health and tackle health inequalities in the area through three work streams: lifestyle and culture (which included the development of health fairs, cooking classes, encouraging local cafes to offer healthy options and offering taster sessions of healthy food in local supermarkets); sport and exercise (which included the development of safe walking routes through the area, developing a cycling club (including free cycling lessons and free cycle hire), badminton sessions, line dancing and sports coaching); and a mental health workstream (which included mental health first aid training and counselling sessions).

Site 2

The HLC was based on a Scottish island and came under the auspices of the local NHS board which had responsibility for the area. A management group consisting of key partner organisations, including the NHS, oversaw the operational and strategic development of the project while wider partnership meetings were devised to promote new working arrangements and to obtain inputs to strategy development. The HLC was built upon the foundations of an earlier, much smaller project targeting health improvement within the local

community. The HLC operated from a central location (within the main town on the island) to provide a user-accessible resource and information point from which several services and activities (e.g. counselling, alternative therapies) were delivered. Further activities, such as exercise courses, were delivered in a number of outreach locations. There were a large number of partners involved, including statutory and voluntary organisations based both on the island and on the mainland. The HLC, with partner involvement, operated a large number of inter-related programmes which sought to enable the community to achieve long-term health gains in CHD, stroke, cancer, mental health and a reduction in health inequalities. As the availability of premises on the island was limited, the centre base facilities were used by partners to deliver services and to host meetings. Following changes to staffing the HLC latterly employed a project manager and a number of sessional staff who delivered projects independently and in conjunction with partner organisations.

Site 3

This HLC was established as a new organisation. Operating as a company limited by guarantee with charitable status, it was led by a group of elected, local community members. The HLC had primarily developed two sets of services, addressing stress management and community development, but originally had hosted a number of inter-linked services and activities (e.g. targeting youths and food/diet). Services were delivered across widespread urban and rural locations covering two towns and their outlying rural housing areas. The targeted locality originally comprised an archipelago of sixteen Social Inclusion Partnership (SIP) areas, although the focus often included wider communities. A large number of partner organisations worked with the HLC to deliver services, while core funding partners provided advisory support to the management committee. Additional funding from key partner organisations had facilitated the addition of a number of new services and employment of new staff to run in conjunction with the original BLF-funded remit. The HLC operated from one set of premises in which all staff were based, delivering several services from this base. However, due to the large geographical coverage required, the majority of services were delivered in community-accessible locations throughout the area. A large number of full and part-time staff worked for the HLC, including a project manager, project officers, finance officer, community health officer, project workers, lay health workers and administrative support staff.

PART II

4.5 Choosing the methods

Distinguishing my PhD study design from that of the second phase of evaluation, and enabling new perspectives to be given to the study of sustainability, I sought to explore how sustainability discussion and strategising developed over time, and how this took account of ongoing health sector restructuring (see section 2.3.6). While the phase two evaluation design facilitated data gathering at a specific juncture in HLCs' lifespan, my PhD research involved active attempts to obtain managers' accounts of ongoing sustainability negotiations. This required a prospective and longitudinal approach, which stands in contrast to most studies of sustainability (see Chapter Three). This approach also differed from the work undertaken in the evaluation, which detailed how HLCs had developed and the challenges they had faced. An ethnographic approach using qualitative longitudinal methods was utilised as this allows considerable scope to capture fluidity and change over time (Corden and Millar, 2007a; Heinz and Kruger, 2001; Farrall, 2006).

4.5.1 *An ethnographic approach and use of qualitative longitudinal research methods*

Hopson describes how an ethnographic approach to evaluation acknowledges a constructivist, qualitative world-view and recognises that the field of evaluation (and implications that arise from its practice) do not exist in isolation from other fields or from wider society (Hopson, 2002). Utilising a social constructionist perspective, 'ethno-evaluators' are considered to blend the traditions of cultural interpretation in ethnography with the judgement-framing, description-forming approach of evaluation (Hopson, 2005). From an interpretative perspective, such an approach enables the object of inquiry, in this instance HLCs, to be framed within natural settings, whereby context becomes part of the phenomena to be studied. Ontologically, such an approach places an emphasis on social interactions and interpretations of them, while epistemologically the social world that is studied can be examined in real-life settings (Mason, 1996). For the ethnoevaluator, Hopson cites Greene who argues that this approach maintains a balance between "social scientific theories of knowledge construction, interpretation, and representation with the political realities of social policymaking" (Greene, 2000: 995).

Hopson's case for ethno-evaluation draws on Fetterman's (1984) early explorations of the connections between evaluation and ethnography and on the Fourth Generation approach to evaluation advocated by Guba and Lincoln (1989). Guba and Lincoln characterise this as a responsive constructivist approach to address the problematic nature of earlier evaluation approaches. These, they suggest, had "a tendency toward managerialism, a failure to accommodate value-pluralism, and over-commitment to the scientific paradigm in inquiry" (1989: 31-32). Instead, an ethno-evaluative approach places an emphasis on meanings and context in the evaluation process. These include: meanings about the evaluand, meaning making by groups in the construction of values and issues, and an understanding of context in which phenomena are studied and in which change takes place (Hopson, 2002).

Signifying this approach in my PhD was the application of qualitative longitudinal methods. Indeed, Holland et al (2006) note, qualitative longitudinal studies tend to utilise an ethnographic approach. In this form of study temporality is designed into the research process, resulting in change becoming a central focus of analytic attention (Thompson et al, 2003; Murray et al, 2009). This, according to Neale and Flowerdew, enables a focus to be given to the "interplay of the temporal and cultural dimensions of social life" (2003: 189). Thus, it is through exploring stakeholders' accounts over time, that I sought to understand the nature of social change and strategies used by individuals to generate change, in this instance concerned with sustainability of HLCs.

In my PhD and following on from phase one of the project evaluation, the main emphasis was placed on the collection of data using in-depth interviews. As my account will illustrate, several other ethnographic techniques were used, including observation, documentary review and numerous conversational and email exchanges with HLC stakeholders. In turn such ethnographic techniques and the data gathered was used to inform and refine my approach to interviews. However, the emphasis on interview data arose because this method better enabled more comparative data to be collected across sites. Notably, observational opportunities varied in terms of the access I was given at individual sites. For instance, certain sites were located at a distance from my office and required residential stays, which permitted me much greater involvement in some daily HLC interactions (e.g. informal team meetings) than at other locations. The opportunity to 'hang around' depended upon the type of HLC under investigation, with sites which operated from a central base being more amenable to observational work than sites delivering services on an outreach basis and which

operated administrative bases. The ongoing provision of documents from sites was hugely varied, with some providing a feast and others catering for a famine. Additionally, for site one I had to take account of phase one fieldwork which had been conducted by my colleague Julie Truman. Although I drew on Julie's observations, I remained mindful that I had less direct experience of this site in comparison with others.

While observational opportunities informed my understanding of context and fed into my interview techniques, I also took into account the caution exhibited by researchers who advise against the mixing of qualitative methods in a way that assumes a single social reality (Barbour, 1998). The use of a combination approach and 'triangulation' of methods was limited both in terms of the differing opportunities available at each site and as I remained mindful of the assumption that there can be no one objective and knowable social reality. Such a position runs counter to my philosophical perspective which assumes that different methods and different sources of data produce different sources of reality (Mason, 1996). Instead, the use of an ethnographic approach enhanced my opportunity to draw on situated and contextual knowledge during interview exchanges, deepening the understanding of particular issues (Silverman, 1993; Dingwall, 1997).

4.5.2 In-depth interviews

In-depth, semi-structured interviews, sometimes termed "conversations with a purpose" (Burgess, 1984: 102), draw on similar ontological and epistemological positions to those which underpin observational methods. This approach enables the generation of first-person accounts of people's perspectives and experiences and of how these guide behaviour, in this instance relating to sustainability. From an ethnographic perspective, such interviews have been suggested to draw out the contextual understandings, shared assumptions and common knowledge on which respondents' answers are based, albeit without relying on prior assumptions about how respondents view or define things they discuss (Spradley, 1979). Interviews have also been commonly used in qualitative longitudinal research (Corden and Millar, 2007b) as they offer scope to explore changing perceptions of past events and changing aspirations for the future (Neale and Flowerdew, 2003).

Interview interactions have also been suggested to facilitate exploration of how participants articulate and construct their response (Guba and Lincoln, 1998). It has been argued that as

data are co-created through the interaction between a researcher and those who are researched, the accounts produced by these interactions are, as a consequence, tailored and edited (Lincoln and Guba, 1985). In effect, the interview itself is treated as a social construction. This constructionist position resonates with the fallible realist stance that I have outlined above. Here I concur with Schwandt's view that "people give meaning to reality, events and phenomena through sustained and complex processes of social interaction" (1994: 118), and as such different people may experience similar phenomena in different ways. This view demands that attention be given to the role of the researcher in creating data and is explored further in section 4.7.

While retaining an ethnographic perspective which sought to better understand participants' views in order to uncover the meaning of individual experiences (Kvale, 1996), I also was able to apply my grounded theory approach to direct both initial and later data gathering. Having already obtained a situated understanding of HLCs from my earlier evaluation work, I was able to partly tailor each interview. This took into account my knowledge of relevant local issues gained during phase one, from my literature review and iteratively as sequential fieldwork at a site took place and as multiple interviews were conducted over time. As Smith (2003: 275) suggests, longitudinal research allows findings from one wave of data collection to inform the next. Hence, the series of follow-up interviews I conducted with managers were informed by my developing and continually revised contextual understanding of local issues at HLC sites.

While ethnographic principles informed my contextual understanding, my grounded theory approach also enabled me to narrow my focus over time. As Charmaz notes, "early leads shape later data collection" (2001: 682). In depth interviews enabled me to explore the evolution of discussion surrounding sustainability, to uncover and accommodate issues that had not been anticipated at the outset (Britten et al 1995). My choices also took into account the pragmatics of the research process. Taking account of changes to policy and ongoing development of new local structures where funding might be sought, in depth interviews facilitated flexibility (Mason, 2002; Robson, 2002) that could be used to gain access to stakeholders' accounts on an often irregular or ad hoc basis.

My decision to continue using in-depth interviews also took into account their appropriateness as a tool that could be used to focus on relevant specific experiences. For instance, in-depth interviews have been suggested to be beneficial when seeking to

understand the minutiae of decision making during intimate moments (Kitzinger, 1994). Furthermore, this technique is considered to be effective when researching ‘elites’, particularly as this technique has been found to help researchers retain power, thus ensuring that key research questions are addressed (Ostrander, 1995). This came in useful both during interviews with managers who sometimes made assumptions about what I knew and latterly during interactions with external respondents (see 4.6.4) who often held senior positions in policy, health or funding organisations.

The decision to use semi-structured one-to-one interviews also had to take into account alternatives such as focus groups. In the study I was aware that I would be interviewing people in management roles or holding strategic positions often who operated on different sides of the ‘fence’, particularly where funding matters were concerned. I felt that the one-to-one interview approach offered opportunities to gain the confidence of interviewees and enable them speak candidly. In contrast, a focus group approach might compromise the confidentiality of the research session, discouraging interviewees from expressing their views if in the company of other participants (Kitzinger, 1995).

In summarising these arguments, although the interview may be considered a social construction, which does not equate with the natural settings approach of ethnography, neither does it make the data that is produced meaningless outside of an interview context. Rather, interviews offered me the flexibility necessary to undertake a prospective and longitudinal study. The constructed nature of the interview setting and interactions over time between myself as researcher and HLC stakeholders are explored reflexively throughout the sections which follow. Reflexivity and an ongoing recursive process of data generation helped provide me with purchase on the development of ‘knowledge’ pertaining to HLC sustainability as well as remaining open to new evidence by which I might revise my ideas.

4.6 Data gathering

4.6.1 *Gaining access*

Gaining access to the HLCs to conduct phase two of the evaluation, and to collect data for this PhD, was a relatively straightforward process, particularly as continued contact had been maintained with project managers between each phase. For instance, after completing phase

one fieldwork in late 2004, arrangements were made to disseminate initial findings to selected stakeholders at an event in Glasgow in February 2005. This process facilitated limited member checking (Lincoln and Guba, 1985) of findings in advance of final publication of the phase one report; enabled the team to acknowledge and thank project gatekeepers for their participation and that of their HLC stakeholders; and, provided an opportunity to invite HLC managers to continue with their sites' participation in phase two of the evaluation, contingent on funding being provided. Each of the managers agreed that they would be pleased to continue hosting the evaluation and to permit me access to collect data for my PhD. This was, I hope, in part testimony to the good relationships I had established with HLCs in phase one. Subsequently, upon being notified of receipt of funding, I contacted HLC managers in June 2005 to begin discussing dates/times for fieldwork. At this time, I also sought approval to undertake follow-up interviews, specifically to explore sustainability developments particular to my PhD, over the longer-term.

4.6.2 Developing a topic guide

After receiving acknowledgement of funding, I began the development of a generic topic guide for the second phase of the evaluation. A wider conceptual framework comprising the research questions for phase two was developed. Sustainability was one such concept, which itself was comprised of linked conceptual ideas derived from several sources of information. These included: issues relating to findings from phase one; issues arising from my examination of HLCs' funding documentation and from minutes of meetings and reports provided to me by several sites; and, from my research objectives. In addition, salient issues identified from my review of the literature for this PhD were incorporated within the initial topic guide. For example, derived from my reading for the PhD, I ensured that a focus was given to exploring the ways in which HLCs sought to demonstrate effectiveness. A set of generic questions pertaining to sustainability, used during my initial visits to HLC sites, can be seen in Appendix 2²⁷.

Continuing with the exploratory approach adopted in the first phase, I sought to 'tailor-make' topic guides to enable a flexible approach which took account both of the types of stakeholder comprising each HLC and of the different ways in which HLCs were structured.

²⁷ Appendix 2 contains only generic topics/questions explored during interview with HLC stakeholders. The inclusion of site-specific questions was deemed likely to compromise the anonymity of participating sites.

For instance, managers were often the largest single sources of information at each site and it was mostly they who were able to provide an HLC perspective on strategic matters. Drawing extensively on my situated knowledge of HLCs I sought to empirically ground my topic guides by revisiting coded data and original transcripts from phase one and to further focus my attention on HLC-specific issues. A generic focus is suggested to benefit a comparative case study approach as the use of common topics has been suggested to facilitate cross-site analysis (Stake, 1995), while tailored elements drawn from my grounded theory approach helped me to explore particular features of different sites.

Refinements to the generic topic guide used with case study sites in this thesis were made following my initial data gathering for the wider evaluation as the first site to be approached was not subsequently selected for inclusion in my sample. I chose to transcribe several of these initial interviews myself, which enabled me better to reflect on the ways in which stakeholders responded to the topic guide, the framing of my questions and to illuminate any opportunities for restructuring or addressing omissions in future interviews. Several of these transcripts (like others from later periods of fieldwork) were read and discussed with the wider project team, which helped further refine my topic guide. Initial analytical reflections led me to conclude that the topics and my use of the topic guide were facilitating interviewees' accounts by providing guidance while enabling space to allow for reflection on matters of concern.

While initial interviews highlighted minimal enhancements to benefit the flow of interviews, the prospective accounts and development over time of discussion surrounding sustainability within sites necessitated that continual revisions and additions be made to topic guides. Case study research has been suggested to benefit such an approach (Eisenhardt, 1989). As fieldwork at each site progressed, I made revisions to topic guides to reflect the recursive process of data gathering and analysis. For example in site two, my first interviews were with members of the local CHP. Their views, and information provided about new criteria surrounding funding provision, which sought to take account of all health initiatives coming within the CHP jurisdiction, was used to inform later topic guides.

Following the collection of data in the initial tranches of fieldwork, I began to plan my return to HLCs to explore longitudinal developments specific to this PhD. In devising follow-up topic guides I drew on my analysis of earlier data, including information acquired during intervening telephone/email exchanges. To address the variability of sustainability

discussions underway within each site, later topic guides, used to explore how managers' accounts developed over time, contained more instances of HLC-specific questions. In addition, I also had to incorporate questions that reflected external developments that might impact on HLCs and on their stakeholders' social relationships (see example in Appendix 2.1). Qualitative longitudinal research again benefits such an exploration, taking into account "time and texture" (Neale and Flowerdew, 2003) such as changes to local culture and cultural practices. For instance, reflecting increased policy attention given to community-led health, I had to incorporate questions which took account of the Community-led Task Group report (see CLTG, 2006b). In addition, my PhD study enabled me to be responsive to emergent findings, which latterly led to my focus being directed towards obtaining the accounts of those working in policy, practice and funding environments (see section 4.6.4). To obtain the accounts of external respondents I constructed a separate topic guide, incorporating developments within HLC sites and over time (see Appendix 3)²⁸.

4.6.3 Sampling of stakeholders

In conjunction with the decisions made regarding which HLCs to include (see above), I adopted a purposive approach when sampling within sites. Such an approach is considered optimal when seeking data on issues and processes that research is focussed on, given that some individuals will have more information to impart and that some settings will have greater likelihood of processes occurring (Denzin and Lincoln, 1994; Morse, 1991). This was necessary in order to maximise the quality of data gathered, as time constraints limited the number of participants who might be approached.

My decisions were informed by my situated understanding, the concepts underpinning the research questions and, crucially, from inputs of HLC project managers and their suggestions about which stakeholders I might approach. Thus, the deliberate selection of people with differing characteristics, or in this case, roles and responsibilities related to HLC sustainability, sought to capture the widest range of experiences and perspectives (Patton, 1990). This was necessary throughout both phases of the evaluation project, and my PhD, as each HLC was structured, operated and governed in different ways, which resulted in a number of potential stakeholders that I might consider inviting to participate. Such an

²⁸ Appendix 3 contains a series of questions applicable to specific respondents dependent upon the role they held at the time of interview.

approach was, by necessity, influenced by initial contacts (Mason, 1996), in this instance with HLC managers, who made suggestions and provided contact details for other stakeholders/staff whom I might consider approaching and including in the study.

At the outset, in consultation with Centre managers it became evident that some stakeholders had moved post following phase one. In other instances new stakeholders had assumed strategic positions often through restructuring and the implementation of community planning/community health partnerships. Working with managers, I was able to ascertain who the most appropriate people to interview might be. Although such an approach can be criticised for leaving open the possibility of bias being introduced through the selection of particular stakeholders informed by inputs from an HLC manager, it was also governed by the practicalities of the research. Countering suggestions of bias, it became apparent that HLC managers were not put off from nominating stakeholders who were sometimes critical of Centres.

Taking account of 'key names' to emerge during interviews, managers' suggestions and organisations from which contacts were drawn were broadly in keeping with my own conceptually-linked ideas. These were where I had sought to represent a wide range of perspectives and experiences, rather than a population frequency (Ziebland and McPherson, 2006). For instance, all managers suggested that I speak with members of CHP/CPPs, which accorded with the emergent focus given to these structures that I had become aware of at the end of phase one. In several instances I drew on a 'snowballing' sampling technique (Mason, 1996) by following up leads provided by some stakeholders. For instance, I arranged an interview in site three based on the suggestion of a CPP stakeholder and interviewee who felt that her line manager would be able to provide me with a more detailed historical account

4.6.4 The sample

Having initially discussed phase two and potential dates with managers in June 2005, I began by initiating a similar approach to that undertaken during phase one whereby I telephoned each of the participating managers to plan my visits two months in advance of when I hoped to conduct fieldwork. As with other friendly telephone exchanges that I had with managers, it became usual for such conversations to cover multiple aspects of each HLC's development. Much of the information gleaned during these calls went toward the

development of responsive topic guides (see above) and formed part of my iterative analysis (see 4.8). When establishing fieldwork dates/time, I was required to be both responsive and flexible in order to accommodate to HLC managers' schedules and to 'fit in' with their ongoing programme of work. Details of the dates of fieldwork and of the stakeholders involved at each site can be seen in Appendix 4.1–4.4. Fieldwork, at each site, initially involved a block of time during which I undertook interviews with multiple stakeholders. This formed the basis for my evaluation research and provided the underpinning foundations for my longitudinal PhD study.

Following on from these initial periods of fieldwork, and specific to my PhD, I undertook several follow-up interviews with HLC managers over time, which better enabled me to obtain account of events and changes taking place when participants were immersed in them (Charmaz, 2001; Corden and Millar, 2007a). In addition, I undertook several cross-cutting pieces of fieldwork, where data was gathered on each of the three sites. For instance, I attended programme-wide events such as annual HLC conferences, which helped me to retain and further enhance my situated knowledge of case study sites and of the wider programme. My situated knowledge was also enhanced by fieldwork and data collected from the other three sites, which participated in the wider evaluation but which are not reported on here. A number of further telephone calls and emails were also made to managers throughout the evaluation and specifically in relation to my PhD focus on sustainability developments. These ongoing contacts aided my situated understanding of developments over time and ensured that communication channels remained open to permit interviews to take place at later dates.

In site one the main tranche of fieldwork, including research for the process evaluation, was conducted between November 2005 and January 2006 (see Appendix 4.1). During this time I interviewed the following stakeholders: the Centre manager; three project workers; two members of the community-led board (including chair and treasurer); a representative from the health board; one representative from the CHP; and three partner organisation representatives. In addition I met and spoke with the manager at a number of events, including annual HLC conferences. Following the initial period of fieldwork, over the course of the next year, and specific to the PhD, I interviewed the project manager on three further occasions. Two of these interviews were conducted after I had obtained the accounts of external respondents in policy and funding roles, which are discussed below.

The initial tranche of fieldwork at site two, including work related to the evaluation, was conducted during November and December 2006 (see Appendix 4.2). In contrast to site one, the residential requirements of fieldwork and opportunity to spend time in the physical base from which many HLC services were delivered, allowed for daily observations to be made at the centre base. During this time I interviewed the following stakeholders: the Centre manager; three representatives from the CHP; one representative from the local CPP; three partner representatives; one representative from the management group; and, several members of sessional staff. In this timeframe, which also covered the evaluation, I met and spoke with the manager at two HLC conference events. After the evaluation had concluded, I undertook further research for my PhD, speaking with the manager at a third conference and once while on holiday in the location. I also engaged in several telephone and email exchanges. Specific to the PhD, I undertook two further telephone interviews with the manager in the year following the initial period of fieldwork, one of which followed my discussions with external respondents. Latterly, for the PhD, the manager provided email responses to several questions which had arisen during data analysis and following further discussion with external respondents.

Fieldwork at site three (see Appendix 4.3) was structured slightly differently. Here, I initially attended two events which were organised by a local facilitator to bring together HLC team, partners and funders to discuss strategic planning. The main tranche of fieldwork in site 3, including that which related to the evaluation, took place during May and June 2006. At this time I interviewed the following stakeholders: the Centre manager; five project workers; three members of the community-led board (including chair and treasurer); two representatives from the local CPP; one representative from the CHP, and one local partner. Following this, I also attended and observed the proceedings of a further strategic planning event. In addition I met and spoke with the manager at two HLC conference events. Specific to the PhD, I conducted follow-up interviews with the project manager on two further occasions, and latterly engaged in an email exchange to finalise PhD data gathering.

After evaluation fieldwork had concluded, the recursive nature of data analysis led me to give further consideration to expanding the sample I wished to draw upon for my PhD. Using my grounded theory approach I drew upon emerging analysis to direct later data gathering (Charmaz, 2001). Having obtained multiple and longitudinal accounts of HLCs' stakeholders' strategising and consideration of sustainability, I felt that including data from respondents external to the HLCs would help both supplement existing data and enable me

to construct a denser, more complex analysis for my PhD. Furthermore, my initial analysis had highlighted the omission of broader strategic and policy-relevant perspectives. Having presented interim findings from the evaluation to a project advisory group, I sought suggestions from its members about individuals I might approach and incorporate within my PhD, and from whom I might obtain wider strategic and policy-relevant accounts of HLCs' sustainability negotiations.

Subsequently, I made approaches to eight members of various organisations, to seek macro-strategic perspectives on the sustainability issues facing HLCs. These individuals included members of funding bodies, local government representatives, civil servants and people working in the community sector (see Appendix 4.4). Seven interviews were conducted in May/June 2007 when each of the three case study HLCs were still operating. Latterly, responding to further political developments, I made the decision to undertake a select final set of interviews with external respondents (and to speak for a final time with HLC managers) in March 2008 (see Appendices 4.1-4.3). I undertook a further three interviews with external respondents, two of which were with people I had originally interviewed in 2007, in order to explore whether/how wider strategic developments had taken place over time. The third interview was with a member of the HLC Alliance lobbying group, which had formed since I had last undertaken fieldwork. Concluding data collection for the PhD, I also spoke with the two HLC managers who remained in post in order to obtain their views on developments that had taken place up until this point in time. Further information regarding my decisions to approach external respondents is given in section 8.3.

4.6.5 Approaching interviewees: recruitment

Following discussion with project managers regarding who to approach, I made initial contact by telephoning each potential interviewee. In many instances these calls, while made at the beginning of the second phase of the evaluation, resulted in arrangements being made to conduct an interview with stakeholders who had been interviewed on two previous occasions during phase one. Often it was only necessary to give a brief re-introduction as people, remembering me from earlier fieldwork, immediately began a 'chatty' level of engagement. In the case of site one, although it had been my colleague, Julie Truman, who had conducted initial fieldwork, I had had the opportunity to meet and develop a rapport with

several of the staff and manager at a number of HLC events prior to conducting fieldwork for phase two.

Without exception, I found there to be a continued willingness to participate from each stakeholder who had previously been involved. This readiness to participate was likely to have in part arisen from the good relationships that Julie and I had developed with many of those who we approached during phase one. Similarly to Cornell's (1984) repeat interview study where she found a greater familiarity to emerge with participants who had been interviewed several times, I found that my repeat visits were characterised by an enhanced level of acquaintance and willingness to participate. Such engagement and the development of relationships between myself and participants, as I will examine in detail in the remainder of this chapter, has been found to facilitate insight into sensitive issues (Murray et al, 2009).

It was notable that several participating HLCs had publicised their involvement in the Scottish evaluation, which potentially had made stakeholders newly in post aware of the continuing work. For instance, having contacted managers well in advance of fieldwork, in two instances I subsequently received minutes from board meetings which 'announced' that I would be returning to carry out further evaluative work, once again signalling the HLC's involvement and perhaps expectation that stakeholders might be called upon to be involved. It is possible that such willingness to participate was linked to an importance associated with demonstrating effectiveness to aid sustainability (e.g. Mancini and Marek, 2004). It is also likely that stakeholders may have felt there was a cachet associated with their participation in a national evaluation. On several occasions I was introduced to stakeholders by managers with reference to my employment at the University of Edinburgh while mention was made of the evaluation being conducted on behalf of the Scottish Executive, later Government²⁹. Such positioning may have related to attempts to increase Centres publicity when seeking to secure future funding.

Although I was a familiar person to many HLC stakeholders, it was necessary for me to make several 'cold-calls' to people with whom I had had no previous dealings. During introductions, I drew upon my employment by a respected academic institution and highlighted how the evaluation was funded by the Scottish Executive. Positive responses and agreement to participate were again evident. Latterly, when contacting those working within

²⁹ The switch in name whereby the Scottish Executive became known as the Scottish Government occurred after the main bulk of fieldwork at each site.

organisations that I considered might provide a macro strategic view of HLC sustainability, I again found there to be positive responses to my request for interviews. While I had met some of these individuals before, there were several people who were unknown to me. I used similar approaches to above, citing the institution name and that of the funder, which as Hunter (1995) suggests, can help balance the power relationship between researchers and ‘elite’ respondents. Throughout all these encounters I also drew on my own social skills, aiming to establish both partisanship and neutrality as context dictated.

4.7 The fieldwork process

4.7.1 *Format of the interviews*

Face to face interviews predominantly took place at participants’ location of work, where privacy could be ensured and where interruptions were limited. HLC managers, staff and board members were, in the main, interviewed on HLC premises. Partner representatives were mainly interviewed at their own office locations, although several opted to speak with me at HLC sites, linking in meetings with other Centre staff. Similarly, interviews with external respondents were conducted at participants’ places of work, again using spaces where privacy could be ensured.

During the initial tranche of fieldwork at each site there were several occasions when members of staff were unavailable and where arrangements were made for interviews to be conducted by telephone. The later, PhD-specific, follow-up interviews with managers were all conducted by telephone. Cresswell (1998) highlights the drawbacks to using telephone compared with face-to-face interviews and the inability of the researcher to gauge informal and non-verbal communication. However, he further argues that such methods are appropriate where direct access cannot be obtained. Pragmatic reasons that took account of my time and that of HLC managers influenced my decision-making in the latter stages of fieldwork. Furthermore, my previous fieldwork meant that I had been able to develop a familiarity and rapport with respondents which I found helped during follow-up interviews by telephone (Sturges and Hanrahan, 2004).

Prior to each interview I outlined the aims of the research, provided an overview of the interview topics which I intended to cover, gave assurances of confidentiality and anonymity

and sought permission to record the discussion. As well as seeking to reassure, I felt that these introductions related the interview to the research questions which underpinned the research and helped provide a focus for interviewees. During these introductions I emphasised how stakeholders were the ‘experts’, the people dealing with the day-to-day issues which I wished to learn more about. I also provided an information sheet (see Appendix 5) and had participants complete a consent form (see Appendix 6) to indicate their willingness to participate and have the interview recorded. The length of interviews ranged from those lasting thirty minutes to some, such as those with managers, which lasted up to two and a half hours. The majority of interviews took around one hour to complete. Following each interview I recorded a set of fieldnotes for each interviewee, taking account of any non-confidential information divulged outwith the actual taped interview.

Given my previous evaluative encounters with many of the participants, I was often provided with detailed responses, which required little probing to elicit further information. Furthermore, using a grounded theory approach comprising simultaneous data collection and analysis meant that I was able to pursue themes and inductively consider explanations and synthesis of processes (Charmaz, 2001). For example, telephone conversations with the manager in site two had sensitised me to the then current discussion surrounding localised ring-fenced funding, which I was able to subsequently explore in interviews with CHP personnel (see Chapter Six). This approach also helped me to address instances where managers gave accounts focusing on current work to address sustainability. Asking respondents to apply hindsight in order to elicit historical and chronological accounts is an important feature of qualitative longitudinal research (Corden and Millar, 2007b). For example, in site three, I sought information on discussions that had taken place prior to the rejection of proposals which were likely to have affected the independent operating status of the HLC (see Chapter Seven).

Interviews with HLC stakeholders holding a strategic role were also guided by a grounded theory approach, drawing on previous data collection and from interviews with other participants. In contrast, later interviews with respondents holding policy-relevant roles external to the HLCs were less focussed on particular sequences of events at individual sites. Here, the exploratory examination of process in external respondent interviews drew on my interpretive portrayal of accounts given by HLC stakeholders. For instance, I often sought a macro-strategic perspective to further examine the role of CHPs, particularly during interviews with respondents from the NHS and Civil Service. Such interviewees often

provided broad strategic and funding insights to issues which were cross-cutting for both HLCs and the wider health and community sectors.

All interviews (see Appendices 4.1–4.4) were recorded and transcribed verbatim by an experienced transcriber or in several instances by myself. Occurrences of local dialect were left intact across all transcripts, as I felt that limited occurrences would not impede the readers flow. Toward the end of fieldwork I undertook the final transcription of telephone interviews with each of the project managers, which I felt allowed me to retain close links to the original data. The processes of listening to interviews, checking transcripts and making fieldnotes were critical to the grounded theory approach, where I was able to reflect upon the manner of collection and content of existing data to better inform concurrent and future fieldwork.

4.7.2 The personal in the process

In the main, an ethnographic approach to evaluation considers the establishment of relationships between evaluator and participants as an asset rather than a deficit. According to Emerson et al, such an approach allows “the field researcher to see first hand and up close how people grapple with uncertainty and confusion, how meanings emerge through talk and collective action, how understandings and interpretations change over time” (1995: 4).

Reflecting on my fieldwork experiences, my status and background as a 30-something year old, Northern Irish man from an educated background had both advantages and disadvantages for me during fieldwork. Several respondents, particularly those living in the west and north of Scotland commented on my accent, sometimes acknowledging an affinity with my Northern Irish heritage. Indeed, such attributes may have helped overcome any reluctance to participate among stakeholders not versed in engaging with a University-led and Government-funded evaluation. Furthermore, in several instances I felt that my background led to me being perceived as an ‘insider’, someone perhaps seen as sympathetic to the HLC programme. Given my experiences during the first phase I had learned that such status was not always beneficial. For example, in one instance, I had become aware of a dispute between two stakeholders at an HLC. Undertaking residential fieldwork led to me having close contact with one protagonist, which I retrospectively considered led to the other

party considering my presence as hostile and which probably explained her refusal to participate in interview.

This experience, where I felt that insider status had limited my data gathering opportunities led me to become increasingly aware of the problems of “theoretical taken-for-grantedness” (Shaw, 1999: 159) that can arise from being viewed by stakeholders as an insider. I was also mindful of Shaw’s advice that while insider status can facilitate access in some situations, it can also limit it in others. However, it might also be considered in contrast with the ‘outsider’ status sometimes experienced by English researchers undertaking work in Scotland (e.g. Eley, 2005), suggesting that having a ‘not English’ accent might prove useful in some Scottish research situations.

Despite this incident, it remained necessary during both phases of evaluation to ensure good relations were maintained with all stakeholders. Early experiences such as the incident above helped to shape how I sought to be portrayed and my efforts to shape the status ascribed to me by stakeholders. In response, I took greater account of the longitudinal nature of the evaluation and need to ensure the smooth running of the study. Thus, I felt that it was important to develop rapport, to remain flexible and open-minded, yet also to be prepared for the unexpected (Hallowell et al, 2005). As Lofland and Lofland (1995) contend, the negotiation of factional disputes depends on participants’ perception of the outsider role of researcher, that this role is maintained over time, and that confidentiality of both sides is maintained.

Consequently, I attempted to portray myself as a (relatively) competent learner in order to appear non-threatening and to avoid patronising participants (see Lofland and Lofland, 1995). However, while seeking to portray myself as a competent learner, the length of time that I spent in the field and increasing familiarity with stakeholders meant that I had to constantly re-emphasise my position as a learner. Having undertaken the evaluation over the previous three years, I was not starting from a point of having zero knowledge. Instead my previous fieldwork facilitated exploration of issues based on a situated and prolonged understanding of the sample. Similarly stakeholders probably made assumptions of my level of understanding based on our earlier interactions. With these issues in mind I sought to ensure that I was not merely provided with taken-for-granted information, but also that I maintained impartiality and confidentiality, while continuing to appear open, understanding and receptive. Such tensions are explored further below.

4.7.3 Stakeholders' constructions of evaluator roles

Evaluators have often been noted to face pressure to serve more than one group, which can lead to multiple expectations and constructions of evaluator role by those being evaluated (Newman and Brown, 1996). Differing conceptualisations of an evaluator's role exist. For example, Campbell (1969) emphasised the functions of a technical expert or value-neutral scientist, who places a reliance on the methods selected for the evaluation and is able to remain detached from programmes to avoid introducing bias. In contrast, an evaluator's role has been considered to be one of a specialist who interprets descriptive and judgemental data (Stake, 1967). Meanwhile, others have highlighted the political elements of evaluation practice (e.g. Rossi and Freeman, 1993), where it has been suggested that evaluators can take on the role of mediator, or "consensus generator" (Chen, 1990: 78). Such focus on the political element of evaluation also raises questions as to whether it is simply a question of role decision for the evaluator (Ryan and Schwandt, 2002).

For instance, Stronach et al (2002) contends that evaluator roles are fluid and subject to change during the course of interactions with stakeholders. Such an account chimes with my own experience and with wider postmodern and poststructuralist accounts of ethnographic roles attributed to evaluators (see Ryan and Schwandt, 2002). While personal attributes of the researcher have been considered above and have been argued to impact on the research process, such that "who you are affects what you get told" (Deverell, 1998), Richards and Emslie (2000) also contend that it depends on who participants think you are that affects what you are told. As illustrated below, constructions of my role were inherently relational (Schwandt, 2002), processual and continually redefined by interactions with HLC stakeholders.

Roles construed for me by stakeholders were probably influenced by my approach to forging good relationships with participants. As indicated, friendly, sympathetic exchanges were part of most dialogues I had with stakeholders. In order to help the flow of the conversation, I generally used some 'stock' supplies of personal chat (e.g. holidays) or, where I was speaking with a person for a second time, by following up on earlier phenomena related to the HLC and to the person being interviewed. Often present for some of the initial challenges faced by stakeholders, my approach may, I feel, have contributed to some stakeholders

considering my role as one of ‘confidant’ (Harklau and Norwood, 2005). Working with HLC managers to plan and initiate evaluation fieldwork, the role of confidant was possibly linked to collaborative roles (e.g. Guba and Lincoln, 1989), which are further examined below.

Being considered a confidant relates also to fieldwork instances where interviewees indicated the interview process to have been a cathartic experience (Foster, 2005); one where they felt able to express issues, which as Whyte suggests, were “stimulated by an interested and sympathetic listener” (1982: 111). For some, the cathartic experience seems to have led to unrealistic expectations, likening my role to that of mediator or arbitrator of disputes. Experiencing problems related to their terms of employment, two members of staff at one site approached me during phase two with concerns that they felt I might be able to raise with their management. In discussion, I indicated that I would be unable to speak directly on their behalf, particularly as this would breach their confidentiality. Instead I took the lead from the Centre manager where, responding to issues which she had raised during interview, I indicated a wider ‘back office’ malaise that she should be aware of. Notably, taking such a position again emphasises how constructions of my role might focus on collaboration, in this case as a “critical friend” (Weiss, 1998) for management.

In other instances, while intending for observations during phase two to concentrate on meetings/events pertaining to sustainability, stakeholders’ expectations may have been informed to a greater extent by my earlier observational role during phase one fieldwork. Here, while seeking to address aims surrounding implementation, I attended many services and activities organised by Centres. Having taken up the offer of alternative therapies or sampled foods prepared during healthy eating sessions may invariably have led to me being considered as a participant/observer by several sites during phase one. This role was further ascribed to me during phase two fieldwork as I sometimes found that arrangements had been made for me to attend and observe a number of services. Here I found that adopting a participative role was expected, according to my earlier role and necessary in order to ensure continued engagement with research participants (see Coffey, 1999). In such situations I was mindful of Oakley’s advice that the research process offers: “no intimacy without reciprocity” (1981: 49).

My attendance at a range of management group and partner meetings throughout the evaluation led me better to appreciate the evaluator role of “lab-coated technician” denoted by (Harklau and Norwood, 2005). Granted ‘expert’ status, I was sometimes asked for inputs

on local evaluation matters and latterly for information about how other sites were faring with regards sustainability. Such requests were made based on my knowledge and dealings with six sites for the wider evaluation. In such instances I perceived my role to be a 'sounding board' for HLC stakeholders to test their own assumptions and to seek comparisons with other sites' (good or bad) performance. Yet again interpretive roles were constructed for me by HLC stakeholders only in this instance I found it necessary to draw on my memory of detail to avoid revealing inappropriate information.

Of particular note, a change in demand for services along with an increase or decrease in resources has been suggested to act as catalysts for changes to constructions of evaluator role (Turner, 2001, cited in Ryan and Schwandt, 2002). While I was explicit throughout about the knowledge development and comparative focus of the evaluation (see Chelimsky, 1997), it seems that some stakeholders construed my role to be that of an advocate. For instance, in one site, I latterly considered that the manager viewed my fieldwork as an opportunity to address a deficit in the Centre's profile that she perceived had arisen during phase one when few publicly accessible services had been operating. In other situations, given access to a large array of newly developed services, the extent of scheduled observations led me to accord with the role of "lurker" (Harklau and Norwood, 2005). For instance, I felt that some events had been timetabled to take account of my visit, possibly in the expectation that my research might help raise the profile of the HLC. In another instance, I consider that my role at sustainability planning meetings in another site was that of 'external witness', where I was granted permission to independently observe a process that had not been favourably portrayed by management as conducive to sustainability.

Further to constructions of the role of evaluator as advocate, participation for some stakeholders may have offered a form of 'kudos' or recognition which took into account the prominence of the Scottish Executive who funded the evaluation. As such it is unlikely that stakeholders were solely motivated by the credibility of a scientific, impartial "gaze" (Foucault, 1995). For example, in advance of fieldwork and while discussing objectives for phase two, the manager in one site indicated that the breadth of focus in the initial report meant that it had been difficult to draw conclusions that were HLC-specific. In a related example, during phase one, a manager who discussed the problematic development of the HLC stated the 'hope' that the problems I had observed "wouldn't make it into the report". These attempts to "stack the deck" (Harklau and Norwood, 2005) again suggest that stakeholders had constructed an advocacy role for me.

Finally, following phase one and having determined to seek funding to continue the evaluation and to begin my PhD, I admit to having felt somewhat duplicitous in advance of my return to conduct fieldwork at the HLCs. Both when providing interim feedback and during production of the phase one report for the evaluation, our team were very careful with regards appearing too critical of HLCs. In this instance, the reality of keeping people involved and of ensuring that I could return to the HLCs, both to conclude the evaluation and to ensure longer-term access for my PhD, meant that any published materials were often phrased in very diplomatic terms. While always remaining mindful of the harm that could be caused by revealing sensitive information, earlier findings did take into account hopes that our team might return and that I might be able to complete my PhD.

4.7.4 Ethical considerations and the challenges of writing about several identifiable cases

At the time that the original evaluation proposal was drawn up and funding provided, there was no requirement for ethical approval to conduct the research. Similarly, when approaches were made to funders in advance of phase two, no ethical requirements were stipulated. Although several NHS staff participated in the evaluation, there was no NHS service focus to either evaluation. Instead NHS staff involvement was limited to managerial positions and views as partners about the HLCs. Although no ethical review was necessary for the evaluation, prior to commencing my doctoral fieldwork, I agreed with my supervisors that I should seek ethical approval for work related to my thesis.

In 2005 it was evident that the College of Medicine and Veterinary Medicine at the University of Edinburgh did not have in place an appropriate ethics committee to vet projects which examined non-NHS health and health care projects from a social science perspective. Taking soundings from the wider team, I was directed toward the School of Social and Political Science (SSPS) in the College of Humanities and Social Science. Following approaches made to the Director of the Research Centre for Social Sciences at the University of Edinburgh, I was given clearance to be considered within the self-audit ethical framework that SSPS had devised.

While this procedure raised no issues and confirmed the absence of reasonably foreseeable ethical risks, I had chosen to observe the practices outlined by the British Sociological Association's statement on ethical guidelines³⁰. Specifically my research observed key ethical requirements of confidentiality, data protection and consent, moral concerns and nonmaleficence. Although the SSPS self-audit procedure was a relatively straightforward procedure, the process did highlight two ethical issues which I gave further consideration to during fieldwork and in the later stages of writing up my data.

Ensuring informed consent is of particular concern in qualitative longitudinal research. As France et al (2000) suggest, informed consent in such research is not a one-off event, but instead is a process, with consultation required throughout the research. I was also aware of advice suggesting consideration be given to how readily consent can sometimes be obtained (Mason, 1996). Returning to field-sites, I was mindful both of having previously spoken to many stakeholders during phase one and of the need for repeat interviews over an extended period of time. Although I had devised a new consent form for phase two and my PhD (see Appendix 6), I often found that those previously interviewed paid little attention to information sheets (see Appendix 5) and hurriedly gave their consent. While this probably arose as a consequence of stakeholders' familiarity with me, I chose to remind participants to take account of the contents (and risks) more fully, taking care not to alarm and limit information they might disclose. This was again necessary during later repeat interviews. Being viewed as a confidant and, for some, an 'insider' may have made stakeholders feel protected by the amicable manner of our earlier engagement and limited the attention given to the process of ensuring consent.

In other instances, when new stakeholders were interviewed, I sometimes found that I had to give attention to how 'informed' (Newman and Brown, 1996) participants were regarding what their participation entailed, of how their data might be used and of the pressures or influences that might affect motivation to consent. For example, in several sites, I was given the contacts for stakeholders who had not participated in phase one. In some instances, these contacts were initiated by HLC managers who may have 'sold' the evaluation in a manner that was different to the aims and objectives I sought to address. In these instances, I felt it necessary to stress the new aims and objectives alongside the importance of ensuring informed consent.

³⁰ See the BSA website: <http://www.britsoc.co.uk/equality/Statement+Ethical+Practice.htm>

The second problem relates to the former and was a source of concern throughout both periods of evaluation and fieldwork for this thesis. While confidentiality of stakeholders' names was of prime importance, the anonymity applied to stakeholders' accounts was more problematic. The three HLCs which feature in this thesis were drawn from a Scottish population of forty-six. While identification of individual sites may prove difficult for most readers, people with knowledge of the wider programme might have more success. Such disclosure might be linked to instances where HLC stakeholders made reference to their participation in the evaluation in annual reports and openly discussed their involvement in public settings.

In addressing this issue, I was confronted with awareness of needing to ensure that anonymity was maintained and that any disclosures I chose to make in presenting my empirical work did not compromise or do harm to those who had volunteered information. Thus, while protecting names, I chose to include descriptors of stakeholders' roles. Some of these were more specific than others. For example, the use of the term 'manager' was acknowledged as this role was crucial to driving discussion surrounding sustainability. Other roles are more generic. For instance, 'project worker' could refer to a number of individuals. Meanwhile the term 'stakeholder' and a tag denoting the organisation involved was used to refer to many of those who partnered or worked alongside the HLC. In instances where several stakeholders from within one organisation were interviewed I have used a numerical marker to denote who is speaking at particular points in time (e.g. Stakeholder, CHP(1), Site 1). Despite such efforts, I remained aware of how individuals might be identified particularly by their colleagues within HLCs or their partner organisations. With this in mind, I have taken care to exclude data extracts which were inflammatory or in any way derogatory toward other individuals, or where revelations were of a personal nature. Such information was obviously given in confidence and I have omitted it from my analysis.

4.8 Data analysis

4.8.1 Analysis during the evaluation

The complex process of data analysis for this thesis was both aided and hindered by the second phase of evaluation as the rationale which underpinned analysis for each piece of work differed markedly. As detailed above, data collection timelines differed between the

evaluation and my PhD. Data collection in phase two of the evaluation had concluded in November 2006, and the study (see Platt et al, 2007) reported on findings drawn from data gathered at each site at a single point in time. Having built on this original foundation, I continued to collect data for my PhD up until March 2008, which meant that my analysis had to incorporate managers' longitudinal accounts along with the views of external respondents.

Throughout fieldwork, analysis inevitably began as soon as I became exposed to data, reflected upon it and used my initial thinking to further explore stakeholders' accounts in subsequent interviews (e.g. Pope et al, 2000). During each period of fieldwork I made fieldnotes of events, meetings, activities/services and following interviews with stakeholders. Re-reading fieldnotes, listening to and 'cleaning' externally transcribed interviews (discussed above), and undertaking some transcription helped me to shape early analytical thoughts and began my immersion within the data (Pope and Mays, 2000).

Although undertaking an iterative approach in both evaluation and PhD analyses, my specific approach to analysis of data collected for the PhD was affected by, and had to take into account, the ways in which evaluation-related analysis had been performed. During both phases of the evaluation, as the body of fieldwork developed across the six sites, I had met in team environments to analyse and debate emergent themes from across all sites, or occurrences particular to sub-samples. During phase one I worked closely with Julie Truman and Kathryn Backett-Milburn. Our half-day analytical workshops, which involved prior reading of selected transcripts, occurred at approximately monthly intervals throughout the project. Working as part of a smaller team during phase two, I continued to meet regularly with Kathryn to discuss findings pertinent to the evaluation. Data were also discussed at full evaluation team meetings, which included Steve Platt. Over time and during both phases, as more data were collected, these analysis sessions involved iterative comparative analyses between sites. Subsequently data was coded using QSR-N6 and later retrieval led to further analysis of coded sections and more in-depth exploration of particular themes. At the same time as data analysis for the evaluation was being shared with research team members, I was also attempting to conduct analysis of sustainability, specifically for my PhD, focusing in more depth on longitudinal accounts which detailed emergent themes.

Although I undoubtedly had gained a wide understanding of HLC processes/context and appreciation of the issues experienced by the six sites, the analysis required and produced for the evaluation reports (see Platt et al, 2005a; Platt et al, 2007) had a particular focus. In

phase one, the analysis and subsequent report to the Scottish Executive focussed on process and progress of implementation and of the links between programme activities, delivery and outcomes. For the HLCs, the analysis led, in process evaluation terminology, to a report which took account of how the “dose” (Steckler and Linnan, 2002: 5) of the intervention (e.g. services, community development activity) might further programme objectives. A similar approach was taken when reporting on phase two. Here the analysis and report again focussed on documenting the actions of stakeholders, this time to provide accounts of inequalities and sustainability at specific time points. As this suggests and as suggested by others (e.g. Steckler and Linnan, 2002), the focus given to process in the evaluation often led to the production of descriptive findings and captured stakeholders’ accounts at the time when evaluation fieldwork was conducted.

4.8.2 Moving forward: (re)analysing data in a reflexive manner

Returning to the data, after determining which sites to include in the analysis for this thesis, I encountered what seemed at the time to be an insurmountable barrier. Descriptively and chronologically, I knew and had written about the processes of sustainability set within the timeframe when evaluation-related fieldwork was conducted. However, having already interpreted the data to meet the aims of the evaluation, the coding framework which had served me well when working on descriptive reports now seemed inadequate for a more reflexive interpretation and one which incorporated longitudinal accounts of emergent processes. Having based my initial coding around issues pertinent to the evaluation, I found that my data, spread across a large number of codes, was difficult to order conceptually when seeking to address the aims of my thesis. In particular I found it a struggle to consider its use in ways that more reflexively examined the meanings stakeholders attached to sustainability and why certain features came to prominence, or lessened, over time. As is my wont, I had a panic and began thrashing around, much of which I now attribute both to the conceptual challenge and to a change in employment status³¹.

³¹ Previously I had effectively been working on two overlapping projects (HLC evaluation and PhD). Subsequently working on a new project (examining diabetes services), I found it difficult to restructure my time for the PhD to take account of working part-time on an un-related project. In hindsight, I have much reason to thank my new employer for granting me additional time to work on my PhD.

Initially, following on from my earlier approach to evaluation analysis, I had produced codes using an inductive process where I had immersed myself in the data to identify themes that were meaningful in relation to the broad range of sustainability issues discussed by stakeholders. However, reviewing my framework I was confronted by a large number of codes pertaining to sustainability, that while appropriate for a descriptive analysis for the evaluation, were less theoretically grounded with regards a conceptual analysis for this thesis. For instance, the evaluation did not address strategy development and I initially struggled to reconcile my findings with deductive threads from my wider understanding of the literature related to sustainability and organisational strategy. Furthermore, my initial coding framework did not readily facilitate exploration of longitudinal accounts obtained during data collection.

Seeking to develop my findings to better reflect stakeholders' evolving discussion of sustainability process, I undertook a thematic analysis (Boyatzis, 1998), which led me to devise nine separate categories of data. While it was clear to both me and my supervisors that further refinement of categories was necessary, I made an attempt at producing an analysis chapter, derived from the first category and loosely titled: 'Moving Targets', to chart how sustainability negotiations had evolved. In this way I constructed a series of linked headings with bullet points used to separate relevant quotations. Such an account was indicative of my struggle to make conceptual links that better explored and interpreted my PhD data, including themes to emerge over time. Finally, responding to an offer of help, I met with Kathryn in December 2007. In this meeting we discussed the 'Moving Targets' material that I had produced and worked together to develop an early conceptual framework detailing how HLCs were adapting their approaches over time in order to reflect changes in the health sector. Reflecting back, perhaps she had identified the challenges I faced in moving from sharing interpretations in analytical teams to the lonely life of a solo PhD researcher.

More focussed and having a clearer idea of the process involved in distinguishing my PhD analysis from that of the evaluation, I returned to the original annotated transcripts and began to re-immense myself in the data. Now feeling better able to integrate my knowledge of "sensitising concepts" (van den Hoonaard, 1997) both from my earlier work and wider reading, I conducted further inductive analysis and began to instil a sense of discipline and order in the nine categories of data where it was previously lacking. Working through multiple transcripts, I moved between the original data and previously coded material to

make substantial revisions by expanding and reordering codes where appropriate. This process allowed me to better ground the categories to the data from which they were derived (Bryman, 1988) and enabled me to devise a conceptual framework for the PhD. This took into account the overarching influence of sector restructuring and its' effects on HLC stakeholders' evolving accounts of sustainability strategising (see Chapter Five).

Reflecting on this process, such extensive revisions highlights the limitations of relying too heavily on intensively coding data, which is a criticism of grounded theorising more generally (Coffey et al, 1996). The challenges I faced likely arose from my inexperience and interpretation of how a qualitative software programme might be of use. While I had been able to produce a more descriptive account in the evaluation report based on the retrieval of data, the attention I had placed on the minutiae of coding, initially constrained my capacity to develop a conceptual approach to analysis, which took account of longitudinal data. These processes and the challenges I encountered in part accords with Barbour (2001) who warns against the uncritical use of grounded theory, without more widely considering how data were generated.

Subsequently, this re-analysis led to my re-appraising in their entirety the nine categories of data that I had originally constructed. Undertaking this re-analysis I also benefited from the advice of my second supervisor, Wendy Loretto. Wendy's support helped me to further develop the organisational focus on strategy detailed in my PhD analysis, while highlighting the limited ways in which such literature had previously been applied. Inductively and deductively through re-reading transcripts, revisiting coded data and making links between themes I began to refine the conceptual strands of my PhD. This re-analysis led to a fundamental reshaping of my initial categories in order to take account of temporalities and ongoing changes within the sector, which continued to be discussed during latter fieldwork and which distinguished my PhD analysis from that of the evaluation. Hence, a prospective longitudinal examination (see Holland et al 2006) enabled me to consider how strategies relating to sustainability developed within this multi-layered and evolving social context.

Re-appraising my initial categories in this way I made constant comparisons between coded data to check for similarities and differences (Pope et al, 2000; Denzin, 1989). In this way I began to make links between data extracts and to develop ideas about the categories, which drew on the temporalities governing my design and which I was able to use to explore several of the key issues identified in the literature, such as project design and organisational

factors (Shediac-Rizkallah and Bone, 1998). This reappraisal and constant comparison allowed me to collapse together several categories, with some becoming sub-categories under a wider heading. This led to the development of four conceptual strands and associated sub-categories which are recounted in the analysis chapters. These consider: the 'moving targets' for which HLCs had to aim locally; the 'funding' challenges and limitations that the organisations faced; and the 'strategic choices' under consideration and their relation to project and organisational factors. Latterly, and further distinguishing my analytical focus, my approaches to external respondents enabled consideration to be given to the 'wider fit' of HLCs and emphasis applied to the programme at a national level.

Having resolved several analytical challenges, taking a prospective approach meant that I had to determine a cut-off point for ending data collection. While theoretical saturation is a concept often used to determine the appropriate point at which to stop collecting data, I was confronted with a protracted process and the ongoing evolution of community health policy. Having been 'in the field' for approximately five years, I decided, in conjunction with my supervisors, that a fixed cut-off needed to be determined. Around Christmas 2007 it became clear that the Scottish Government was giving consideration to HLCs that would lead to a statement being made regarding their future. This was delivered in March 2008 and at this point I decided to conclude my fieldwork and concentrate on my writing.

The analysis which follows is organised around the four conceptual categories introduced above. Writing these data chapters was an important part of further refining my data analysis. Continuing to make links I also amalgamated and discarded particular themes. Some themes were initially difficult to place, for instance might the flux within the funding structure to which HLCs related better fit within a conceptual category which focussed specifically on funding or one which gave consideration to restructuring within community health sectors? Sometimes, only when writing about matters which related to such themes was I able to better take account of the contexts in which HLCs operated, how these affected the meanings that stakeholders attached to actions associated with sustainability, and their location within the final analysis.

In the chapters which follow, I begin by describing the conceptual framework which orders my approach to the analysis. Following this, Chapter Five focuses on the 'moving targets' which HLCs were confronted by and the effects of sector restructuring on sustainability by examining its impacts on key relationships, future service provision and potential

compromises that might be made. The next chapter (Chapter Six) draws on the previous one, but explores in more depth the critical issues and challenges surrounding funding. Themes examined focus on local provision of funding, challenges in demonstrating effectiveness, consideration given to new funding structures and difficulties faced in applying a rational approach. The third data chapter (Chapter Seven) explores strategic choices both effected by and effecting HLC sustainability, taking into account management structures and limitations faced when operating in a changing environment. The final analysis chapter (Chapter Eight) draws from wider accounts given by respondents working in policy, practice and funding environments. This chapter first explores several of the wider political contexts, HLCs location within a community health framework and how sustainability might better be considered. Latterly this chapter considers the later political manoeuvrings of HLCs and approaches made to central government.

5. HITTING A MOVING TARGET: HOW MANAGERS AND STAKEHOLDERS VIEW AND EXPERIENCE THE IMPACT OF SECTOR RESTRUCTURING ON HLC SUSTAINABILITY

5.1 Introduction and overview of the conceptual framework guiding the analysis

In advance of presenting my analysis, it is first necessary to outline my conceptual framework. As Stake (1995: 15) suggests, “all research requires conceptual organisation, ideas to express needed understanding, conceptual bridges from what is already known, cognitive structures to guide data gathering, and outlines for presenting interpretations to others”. I have drawn further on the writings of Stake, as my decision to use an instrumental case study approach (see section 4.4.3) is one which he has given consideration to; in particular with regard to a focus applied to using emergent *issues* to detail a conceptual framework.

Discussing this approach, Stake (1995: 17) argues that issues “are useful for guiding the researcher’s attention to “the problems of the case, the conflictual outpourings, [and] the complex backgrounds of human concern”. Using issues as a basis to frame my conceptual approach to analysis enabled me to build on my original aims and objectives by drawing on my experiences (Smyth, 2004) and situated understanding of the HLC programme. This included attention given to the complexity and contextuality of HLCs, and the emergent problems and concerns which stakeholders had about sustainability, which I was party to during the evaluation and when undertaking longitudinal research for this PhD. In addition, the development of a conceptual framework also derives from the researcher’s understanding and use of existing theory and research (Maxwell, 1996). While I applied a grounded theorising approach (Glaser and Strauss, 1967; see section 4.3.2), I was also mindful of, and drew on, existing theory both in the conduct of the study and in the development of my analysis. How then might my situated understanding and broader knowledge of the literature, inform my conceptual framework?

During the first phase of evaluative research (see Platt et al, 2005a) I had become sensitised to the challenges that had begun to be encountered at each of the Centres, (including process evaluation sites which did not feature in this thesis), when sustainability was discussed with

local partners. These included: concerns surrounding mainstreaming; threats to the continuity of HLCs' models; funding constraints; focus on addressing local communities' needs; strategic positioning; limitations surrounding evaluation plans; and, potential rationalisation of Centres. This prior understanding was used to broadly frame the research aims and questions detailed in Chapter One. Central to these aims, and mindful of the retrospective focus applied to the study of sustainability in the existing literature, my approach sought to conceptualise *prospective* ways in which Centres' stakeholders were seeking to continue HLC organisations after their original funding ended. Drawing on Pluye et al's (2004) temporal reframing of sustainability (see section 2.4.2), my study marks a departure from ways in which sustainability of community health programmes has been previously researched.

In contrast to the detached presentation of factors, uncovered retrospectively and suggested to influence sustainability outcomes of short-term funded initiatives (see section 3.3), my contextualised understanding of HLCs' indicated that Centres' organisational sustainability strategising would, in part, be contingent upon stakeholders' responses to and outcomes of sectoral restructuring underway at the time. Previous research suggests sustainability is influenced by the responsiveness and ability to realign in accordance with both communities and potential host/funding organisations (see section 3.3.3). However, there were no studies which examined whether or how organisational adaptation/realignment might take account of wider sector restructuring. Furthermore, my review of the literature had highlighted how sustainability might be given broader systemic consideration (Gruen et al, 2008; see Figure 1, p45). These gaps, and my understanding of the importance associated with, and difficulties HLCs had faced during implementation when, securing partners' buy-in (see Platt et al, 2005a), helped frame my analysis, in particular through reference to the literature on organisational strategy. Taking into account my objectives to explore wider health sector influences and blending my own experiences and knowledge of HLCs with my reading of wider literature, several notable issues guided my thinking and are reflected in my analysis in Chapter Five:

- How does sector restructuring affect (and limit) HLCs' stakeholders' discussion of Centres' continuation and what are the ways in which HLC managers attempt to address these challenges?
- How might restructuring affect Centres' relationships with champions and does this have impacts on sustainability negotiations?

- How and why does restructuring affect health sector discussion of HLCs' sustainability and what might the consequences of this be for how HLCs operate in future?

After framing the sectoral issues influencing considerations given by stakeholders to sustainability in Chapter Five, it was evident that any changes within the sector would also impact on funding availability. These emergent issues also related to my objective to explore HLCs' original sustainability proposals and the roles of their original partners in providing continuation funding. Hence, restructuring seemed likely to have significant impacts on these partners' ability to fund Centres, and on how any new permutation of local strategic partnership might disburse funding. As the literature review has shown (see section 3.3), funding is central, in particular when an intention is expressed to continue the provision of the original organisational structure of a short-term funded health initiative. However, as the literature also illustrates, difficulties often surround the acquisition of funding to continue existing levels of provision, particularly of organisational structures. At the same time, lesser attention seems to have been applied to considering how funding might be sought in a system that is in flux and whether the model promoted by HLCs met with funders' needs. My understanding of HLCs' historical (and out-of-date) ways in which future funding had been positioned in bids, and knowledge of ongoing sectoral restructuring led me to frame several issues, which guided my conceptual approach and analysis presented in Chapter Six:

- How is the issue of funding approached when taking into account the changes underway within the sector in which HLCs operate?
- What are the ways in which, and what alternatives are available when, HLCs make approaches, and appeals, to funders?
- How are HLCs' approaches to funders framed to take account of Centres development, focus on target communities and system restructuring?
- Are local systems (partnerships) responsive to HLCs' approaches for funding and what do funders seek when considering provision of support to Centres?

Although limited consideration had been given to the sustainability of HLCs' organisational forms in their original bid documentation, my understanding of their development as platforms for innovation (Bridge Consortium, 2007) guided my attention (and objectives) toward exploring whether and how Centres' structures, and innovative capacity, might be continued in future. Literature on programme sustainability provided scant exploration of

organisational continuation. Instead, and mindful of my prospective approach and objective to consider strategy development, I turned to the literature on organisational strategy, which helped to inform a dynamic exploration of attempts to sustain the HLC organisations. Drawing on this literature, and my understanding of HLCs' stakeholders' concerns about addressing local communities' and funders' needs, I felt that more depth needed to be applied to examining how: stakeholders engaged with sectoral restructuring; of how sectoral changes affected HLC sustainability strategising; and, whether/how this impacted on Centres' future work-plans/organisational structures. Aware of the lack of attention given to political features with regard to sustainability, the following issues guided my conceptual approach to framing analysis in Chapter Seven:

- How might HLCs' effect change within and be affected by changes underway within the wider health sector?
- Are HLCs in a position to develop their agenda for continuing Centres' original organisational focus and, what are the challenges encountered when attempts are made to determine a strategic direction for the future?
- Who and/or drives HLCs' strategic decision-making?
- How do HLCs attempt to continue existing organisational models of service delivery, and to address local needs, while working to meet the needs of potential funders?

Latterly, and after fieldwork at HLCs was mostly complete, initial findings from my iterative analysis led me seek wider macro perspectives on the sustainability of the HLC programme. In addition, this addressed my objective to explore the impact of changes to Government policy on Centres' sustainability. Specifically, I sought to examine how policy-relevant individuals appraised Centres' stakeholders' attempts to sustain HLCs, and to obtain alternative perspectives on the challenges facing Centres. Taking into account the model proposed by Gruen et al (2008), systemic consideration is paramount to attempts to sustain health programmes. Exploring sustainability factors such as responsivity and role of host organisations (see section 3.3.3) I sought macro-strategic views on: HLCs' location within, and responses to, wider health system restructuring; and, how the HLC model, and its continuation, was given consideration by the wider health sector over time. Furthermore, as no final decisions had been reached by the time of these interviews, I used my approaches to external respondents to gain further insights into the processes surrounding Centres'

continuing sustainability discussions. My analysis and presentation of findings in Chapter Eight was guided by the following issues:

- In what ways is systemic attention to HLCs framed?
- Given the challenges faced by HLCs, including system restructuring and limitations surrounding evaluation plans, what, and how is, macro strategic consideration given to their future?
- How did the difficulties confronting HLCs in gaining recognition and acceptance within the wider health sector originate?
- While attempts to continue HLCs are still underway, what are the ways in which HLCs might seek to be sustained, what are the challenges that they face and what might the future bring for the programme?

In Chapters Five, Six, Seven and Eight, I have drawn on these issues to present an analytical account of the prospective sustainability issues discussed by HLC stakeholders and external respondents. To further guide the reader, each chapter introduction contains a short précis which lists the main analytical themes presented and a brief summary of the sub-themes which follow.

Introduction to data analysis detailed in Chapter Five

Chapter Five provides much of the context for and outlines the constraints which affected the focus given by HLC stakeholders to longer-term sustainability that are further examined in the following three chapters. This analysis takes into account the impact of restructuring that was underway within the sector during 2004 to 2008 and the implementation and embedding of community planning partnerships (CPPs) and community health partnerships (CHPs). Broadly, at a UK-wide level, the consequences of restructuring and impacts on sustainability were critiqued in a report which examined multiple BLF programmes:

“One of the biggest threats to partnership working was the almost continuous restructuring and re-alignment of services in some sectors. This impacted on a personal level when individuals were uncertain about their agencies’ futures, but also on the willingness and ability of agencies to commit to and sustain partnerships” (GHK Consultants, 2006: 37-38).

Drawing on sustainability and organisational strategy literatures, Chapter Five begins by examining the contextual features which help situate discussion surrounding HLC sustainability, in particular focusing on the *visibility and role for HLCs during sectoral*

restructuring. In this first section, I examine how uncertainty arising from emergent changes to the wider sector constrained stakeholders' decision-making regarding HLCs' continuation. This is followed by an exploration of how sector restructuring impacted on the roles of, and constrained the support on offer from, external champions. The impact of sector restructuring frames the analytical themes explored in the remainder of this chapter. Attention in the second section is given to HLCs' responses to sector restructuring and of *how Centres might adapt to better fit* proposed changes. In this section I explore how system restructuring involved consideration being given by stakeholders to: potential changes to HLCs' remit; geographical targeting; threats posed by competitor community health organisations; and possible rationalisation in order to attract future funding. Continuing, I examine the impacts of potential changes to geographical coverage and the concerns this raised for stakeholders seeking to protect established services and to addressing the needs of existing, geographically-bounded target groups. Latterly, I explore how HLC stakeholders discussed changes to the ways in which potential funders sought services to be delivered in future, taking into account a switch from developmental service provision to a greater emphasis on addressing health improvement targets.

5.2 Needing to be seen: establishing the visibility of and a role for HLCs during restructuring

The longitudinal exploration of data in the programme evaluation illustrated how the attention, given by stakeholders working for partner organisations, to the future of HLCs, varied over time. For example, managers discussed how they had had to address a lull in their relationships with such stakeholders arising due to a time-lag between announcement of HLC funding (between 1999 and 2002) and commencement of operations (Platt et al, 2005a). Over the course of the evaluation, restructuring was found to lead to changes in roles for many HLCs' partners (Platt et al, 2007). As a consequence of restructuring, the dominant focus of many key stakeholders initially lay with developing the format and structure of new CHP/CPPs. One stakeholder commented how, relative to the size of the new structures, the HLC within her jurisdiction occupied only a small part of her role and attracted only limited attention while efforts were underway to establish and implement CHP structures:

“It's [site 1] a, it's a small bit in the scheme of things and I don't mean that to belittle their contribution, ... but it's just such a massive agenda, you know, to be set up and established and, in actual fact, the CHPs don't exist yet, other than in name. Teams of

people aren't recruited yet. It's just a bit haphazard at the moment" (Stakeholder, CHP(1), Site 1).

This statement highlights potential limited availability of resources and support among partner organisations at a time when HLCs were actively exploring sustainability. Such limitations stand in contrast to ways in which mainstream agencies' roles in aiding sustainability were outlined in information provided to applicants at the outset of the programme. In bid documentation (e.g. NOF, 1999) sustainability was stated to be a responsibility of "mainstream funding bodies" through their ability to "redirect their efforts to support projects" (Department of Health, 1998b). The sustainability role of mainstream agencies was re-emphasised at the HLC annual conference in 2005 when delegates from all Scottish HLCs were informed by a representative from the then Scottish Executive Health Department, that approaches should be made to local CHP/CPPs to seek their support for continuation. The following sections explore attention given by HLC stakeholders to these partnerships and the impact that their implementation had on key relationships and discussions about sustainability.

5.2.1 Locating HLCs in newly developing systems: staying in the loop

Literature on sustainability highlights the importance of institutional strength, maturity and stability of host environments (Steckler and Goodman, 1989; Stevens and Peikes, 2006). Yet for HLCs, having worked to build relationships with funding partners such as health boards and local councils, the introduction of CHP/CPPs led to instability and flux within host environments. Drawing on the systems account provided by Gruen et al (2008) enables further exploration of contexts within which HLCs operated. For instance, despite the importance associated with building supportive relationships (Goodman and Steckler, 1989) the work undertaken by staff in site three was suggested by the manager to be under threat as operating environments became more unstable:

"...I would really say the first couple of years, they were not really a waste because we were building things up and relationships up, and staff get to know their jobs but it, things keep changing." (Manager, Site 3).

Contrasting with research that emphasises the benefits of collaboration among partners in facilitating sustainability (e.g. Jackson et al, 1994; Schwartz et al, 1993) a stakeholder in site one highlighted how the "scale of change" had been to the detriment of wider strategic

discussion about HLCs. Both of site one's bid-defined main partners, in this instance the local health board and the SIP, were engaged in reorganisation and merger, developing CHPs and CPPs. Comments made by stakeholders suggested that no central strategic discussion of HLCs was taking place. With both main funders implementing changes, the CHP stakeholder's account suggests that managers faced limitations in seeking to determine a strategic position to adopt given the wider unknowns within the changing sector (see first quotation below). While implementation was ongoing, this stakeholder's comments indicated an evident lack of direction regarding how these partnerships might aid sustainability. While new partnerships were emerging, recourse to decision-making and strategic guidance from what were still considered more stable partner organisations was sought (see second quotation below).

"I mean there isn't, at the moment I think, because of the scale of change that's going on in, in [the city] in the community health and social care partnerships and then community planning and the [HLC] being caught between both of these things. Em, I mean, to my knowledge there isn't particularly a debate on the table at the moment about the longer-term picture for Healthy Living Centres." (Stakeholder, CHP(1), Site 1).

"... the scale of change that's been going on in all those organisations has been really significant ... [and] we need a kind of strategic decision from the two key partners, being the health board and the city council and that's what we need" (Stakeholder, CHP(1), Site 1).

In related issues, the sustainability literature highlights the benefits of long-term planning, in particular that which begins early in a project's lifespan (Cornerstone Consulting Group, 2002; Pluye et al, 2004). However, the changes taking place to the system in which HLCs were operating were suggested to limit opportunities for rational and long-term planning. While programme sustainability literature emphasises the importance of ensuring a "fit" (Scheirer, 2005: 339) with the host environment and funders' mission and procedures, HLC management struggled to ascertain the future needs of the sector as restructuring continued. In contrast to the transparency which Gruen et al (2008) contend aids the sustainability process, a board member in site three illustrated how indeterminate local structures presented much uncertainty:

"...I'm unsure because I don't know what the bigger picture is yet. Once I've got the bigger picture then we can, you know, it's, it's like, it's like putting the cart before the horse" (Board member(1), Site 3).

Restructuring and implementation of CHP/CPPs was still ongoing as sites entered their latter stages of funding. In accordance with stage models (see Johnson et al, 2004), partners' roles in providing assistance should have become increasingly important over time. Yet instability, arising from ongoing implementation and embedding of new structures, meant that managers were constrained in their attempts to engage in discussion to determine which health concerns might be taken into account. Instead managers had to consider their development of strategy in accordance with potential funders who had yet to develop their own plans. Such an account emphasises the unpredictability of the environment that confronted HLCs and highlights managers' recourse to evolutionary approaches to strategy (Whittington, 1993):

“...at present, my most difficult challenge is ... the strategic change that has been there with our funders ... it's not come at a good time for any Healthy Living Centre and it's just that nobody knows what they're doing and they all admit they're all struggling themselves for their own directions. ... if it had happened in a second phase of funding then that would have been different ... knowing that I had a longer period to let them embed their policies...” (Manager, Site 3).

In an account illustrating the political/social aspects of strategy development (Burnes, 2004) and reflecting the systems view portrayed by Gruen et al (2008) a stakeholder in site one advocated that HLC managers should 'stay in the loop' (see quotation below) in order to overcome the limitations experienced when engaging with developing structures. In this instance, despite ongoing health sector restructuring, the stakeholder considered that a rational process of engagement between organisation and funder would facilitate longer-term planning. At the same time this account implicitly illustrates the power of funders to direct discussions relating to sustainability:

“...they do need to retain a dialogue with their funders obviously and, you know, at the strategic level, em, and I think, you know, that they make that a priority” (Stakeholder, CHP(1), Site 1).

Despite the instability brought about by health sector restructuring, the introduction of CHPs and CPPs was also considered to offer potential opportunities for HLC sustainability. In an optimistic assessment, one manager discussed how mainstream determination of parameters which informed HLC strategic choices, in particular the new policies that CHP/CPPs were to address, were in accordance with methodologies already in use within Centres. For example, policies such as 'Improving Health' (Scottish Executive, 2003a) along with the adoption of National Standards for Community Engagement (Scottish Executive, 2005b) had led to increased attention being given to local decision-making and community involvement in

addressing health improvement. As HLCs had been constructed in ways which gave prominence to community involvement and engagement (see 2.3.4), it was suggested that HLCs might be well located to address the needs of new partners. Here, the introduction and funding remits of CHP/CPPs were suggested to offer a rational opportunity for sustaining existing HLCs and their partnerships:

“Because it is still all up in the air, for me that’s where the opportunity lies and that’s why I try and stay involved in the community planning partnership stuff and the community health partnerships. Because at the other end we could be the organisation, because both those streams, which almost all of government policy seems to be linking into, all end up coming down to a locality group with decisions being made with local involvement and if there was ever in terms of health and wellbeing, a group in [this area], in our case is our healthy living partnership as we have all those people around the table already”. (Manager, Site 2).

In another instance, the manager of site one, speaking in late 2005, and with two years of BLF funding remaining, expressed his expectation that current flux within the system would be stabilised in time to determine a future for his HLC. At this point, the manager considered he had “leeway” in terms of remaining BLF funding to allow time for new partnerships to embed. This, he indicated, would allow for an emphasis to be given to classical approaches to strategy (Whittington, 1993), as there would be sufficient time to engage in a rational process to plan in accordance with funders needs. Again, the power of funders to determine how monies are spent and what services might be required in future was emphasized:

“...we’ve got that extra leeway that we can actually kind of say where, you know the community planning partnership money will sit or the new community health and social care partnership money will sit...” (Manager, Site 1).

Regardless of some managers’ initial hopes for greater stability, during a later period of fieldwork in 2007 and after CHPs had come into effect, the manager of site two indicated that she was still awaiting CHP decisions on which to formulate plans for HLC sustainability. This was despite Government health department officials advising HLCs of the importance associated with obtaining the support of CHPs. After making references to the attention given to adaptation and realignment in order better to “fit” (Scheirer, 2005) HLC work with CHP requirements, the manager remained sceptical having not received any firm commitments from CHP stakeholders:

“I think back to Dunfermline [HLC annual conference] ... and you had these people on the plenary panel ... going, ‘you have to knock on the door of your CHP’ ... Even though we’re [in site two] so far ahead and we know the structure ... and we know where we fit

in that and we've battered the door down. Are we in there? Is it going to make any difference?" (Manager, Site 2).

Having raised sustainability issues with CHP managers and highlighting political interventions made by MSPs in Parliament, the manager questioned whether there were sufficient resources in place to enable any funding support to be provided by CHPs to HLCs. The impact of restructuring and the difficulties in obtaining funding commitments contrasts with research which emphasises the importance of having strong administrative linkages (Johnson et al, 2004) in place in order to secure the support of peers (Goodman, 2000; Jackson et al, 1994). Instead, the manager in site two suggested that political rhetoric and efforts to secure support did not equate with any commitments from CHPs:

"...the right thing's being said at the Scottish Parliament. Look how high-level that is. The right thing's being said, the willingness is on the ground, it's in the middle, how does that filter through, how do you resource it, how do they [CHP] accept it, how do they give commitment, how do you encourage them to do that when you've battered the door down?" (Manager, Site 2).

Further findings suggesting a lack of CHP/CPP engagement with and provision of support for HLC propositions for sustainability was evident in site one. Having previously benefited from overlapping boundaries with the local SIP, its amalgamation within and formation of the new CPP's larger operational remit meant that the HLC only covered a small part of the new structure's boundaries and target communities. Such a change in boundaries and the addition of multiple communities, led to the manager voicing how he felt the organisation to be restricted with regards the capacity to rationally plan in accordance with newly developing structures. While shared boundaries had previously facilitated joint discussion and planning, new structures limited such opportunities:

"...we went from being an organisation that was core to the SIP agenda, to now they [CPP] don't talk to us at all, so when we have chats with the health board and community planning, I haven't done any development work in, I don't know, two years at least, y'know." (Manager, Site 1).

5.2.2 Changing champions: politics, people and change: "...it'll probably be fifteenth on her list"

The importance of having champions in place to assist projects seeking sustainability has been extensively examined (e.g. Community Solutions, 2004; Johnson et al, 2004; Shedi-

Rizkallah and Bone, 1998). In these studies, the presence of a champion has been found consistently to influence the likelihood of sustainability. For instance, thirteen of nineteen studies in Scheirer's (2005) review emphasised the important roles such advocates have in helping secure resources and in creating an environment to facilitate sustainability. However, in contrast to an emphasis in the literature placed on "nurturing champions" (Wharf-Higgins et al, 2007: 4), restructuring was suggested by several managers to have affected their relationships with individuals who might advocate on their behalf.

During the first phase of the HLC evaluation, champions were usually those individuals in lead partner organisations (e.g. NHS board, LHCC, Local Authority, SIP) who had assisted implementation and development. As the evaluation progressed, the introduction of CHP/CPPs was associated with degeneration of links with some champions (Platt et al, 2007). For instance, in site one, a stakeholder who had originally worked within the health board, had been described as a "driving force" (Chair of the board, Site 1) throughout the implementation and first three years of HLC operations. However, a "break in continuity" was coupled with a change in role during the establishment of the CHP. As the first quotation below illustrates, this break disrupted the links that the manager had to powerful others (Pfeffer, 1992). Furthermore, opportunities for this champion to help position (Green and Plsek, 2002) the HLC within emergent environments were suggested by the manager to have lessened following her return to post. Referring to his champion's new role, the manager of site one was pessimistic regarding the time that might be available given the magnitude of CHP implementation (see second quotation).

"...I think part of the problem we've had is a break in continuity ... The person who used to turn up, who wrote the bid and, you know, was on our board, month in, month out ... is no longer there [due to maternity leave]"

"[When she returns] it'll [the HLC] probably be fifteenth on her list" (Manager, Site 1).

New postings for stakeholders (and HLC champions) within developing CHP/CPPs, and changes in roles that these brought about, were found to lessen the focus these individuals applied to HLCs. A stakeholder in site two highlighted how, although he had had a historical connection with the HLC, the implementation of the CHP meant that the organisation that he now worked for had no such history and was only beginning, after six months of operation, to examine HLC sustainability. Changing roles, new agendas and limited time affected the capacity of this stakeholder to 'buy-in' (Gersten et al, 2000) to the HLC. In this instance,

following the CHP implementation, the champion's attention was only latterly being given to the HLC, at a point when four months of BLF funding remained:

“...I've been in this role only for the last six month, em, and although I have, have a legacy in history of working with, with [the HLC manager] around this, we just, as an NHS organisation, haven't focused on, really on the Healthy Living Centre issues and we're just now beginning to just grapple with it in a, I think in a more focussed way” (Stakeholder, CHP(2), Site 2).

Alongside changes to champions' roles, CHP implementation led to new members of staff coming into post and disbanding of previous hierarchies of management. Here, the timing of such restructuring and disruption caused to existing relationships was evident. Highlighting the challenges involved in attempting to “cultivate champions” (Johnson et al, 2004: 143), the manager in site two was uncertain about the views held by new CHP personnel regarding health improvement functions of HLCs. The multiple remits of the CHP, and its responsibility for both clinical services and health improvement led the manager to voice uncertainty about whether persons working for the CHP would advocate on behalf of an HLC. In the following quotation the manger suggested that the focus given to clinical services by powerful CHP management might counter the arguments of those promoting the health improvement functions of an HLC:

“You've got [certain people on the CHP] there really pushing it but there's other people come in who... I don't know what [their] thoughts on health improvement are. [One] came from a clinical background. [T]he new locality manager ... [said], ‘I'll be honest with you’ and he says, ‘I don't believe in public health, health improvement’ ... he wants to know what's happening in the ward and the hospital...” (Manager, Site 2).

In contrast, in site three, restructuring and the changing roles of some partners were considered by the manager to be of benefit to the HLC in helping cultivate champions to advocate on behalf of the organisation. Previously, a series of issues related to its funding and to staffing had beset the HLC, which in turn were suggested by a stakeholder to have affected health board partners' views about the HLC (see first quotation). Fieldwork explored how such issues had necessitated several interventions made by the health board to address matters pertaining to governance and performance. In contrast to the imperative placed on champions to help create an environment that supports sustainability (e.g. Åkerlund, 2000; Goodman, 2000; O'Loughlin et al, 1998), the manager indicated that these interventions affected the partner's views about the HLC and how it might be sustained. With the implementation of CHPs, changes in personnel and a new lead partner were felt to

offer the HLC more encouragement in terms of how the organisation might be sustained (see second quotation):

“... [the partner] and his team in [the city], eh, in particular, they’ve a strong interest in it, em, and you know, but they did get a wee bit fed up getting embroiled in some of the staffing issues and all that kind of thing, you know” (Stakeholder CPP(1), Site 3).

“...I’m always waiting for the sting in the tail. It would be, ‘yes, that’s very good, but...’ you would always wait for the ‘but’ and that was every time I felt that, and, and you can only take so much of that as an organisation. ... And that’s why working with the [new partner and champion] has been a joy, because his is a totally different attitude and a more positive, coming with a, you know, no axe to grind...” (Manager, Site 3).

Despite this positive development for site three, changes to roles were sometimes suggested by stakeholders themselves to limit the opportunities they had to advocate on behalf of HLCs. Contrasting with findings indicating that champions could provide advice to organisations on legal, financial and political matters (Stevens and Peikes, 2006), restructuring often meant that champions’ involvement became more limited. For instance, in site two, a champion discussed having started a new role working in the CPP, which meant that she had to take into account the funding issues facing projects across the wider area. Mindful of local politics, the wider remit of this new role restricted this champion’s political influence and capacity to advocate exclusively on behalf of the HLC:

“... I have to be careful on how I support that, em, so that it’s not seen by the CHP as one project being given preferential support over any of the others...” (Stakeholder, CPP, Site 2).

Restructuring brought about changes to funding and the introduction of commissioning models (see 6.4.1) by new partnerships, which in turn were suggested to affect certain champions’ opportunities to advocate on behalf of an HLC. Individuals who had acted as champions sometimes now had conflicting aims as the organisations they worked for had become potential funders for a number of community health organisations, including HLCs. Although research highlights the importance of strengthening champions’ roles (e.g. Johnson et al, 2004), new organisational functions and the commissioning process arguably led to more objective working practices of those previously considered champions. In one example, the manager construed the ‘distance’ created by partners as a betrayal and abuse of power, contrasting efforts devoted by HLC staff to working in partnership over time with the lack of attention latterly given by partners to sustaining the HLC:

“you’ve probably spoken to loads of healthy living centres and from people who went to being our champions, to now people who are kind of, totally distancing themselves from us, y’know ... I don’t see the health board as my champions, I don’t even see them as my partners. Partners involve some kind of equity of relationship and it’s gone to an abusive partnership, which I think it is, y’know, what they’ve done is taken all the benefits of us working in partnership with us and when it comes to sustainability they’ve kind of walked away ...” (Manager, Site 1).

5.3 Restructuring in the health sector: how might HLCs adapt to better fit?

When discussing “agency sustainability”, Crisp and Swerissen emphasize that agencies that are sustained are those that are capable of responding to the emerging needs of various stakeholders to provide the appropriate mix of services at the right time (Rosenberg and Weissman, 1995, cited by Crisp and Swerissen, 2002). In determining such a mix, the introduction of new Government legislation and policies, shifts in local and national politics and, activities and innovations of competitors (Buchanan and Huczynski, 2004) have been suggested to influence adaptation. This section begins by examining how restructuring affected stakeholders’ consideration of the ‘mix’ of services required and attention given to HLCs and other community health initiatives. Continuing, I explore how stakeholders considered modifications that might be made to HLCs, their accounts of attempts to align with funders’ needs and of attention given to retaining a focus on original target communities. Latterly, I examine stakeholders’ accounts of how HLCs might be aligned to address the new target-driven culture brought about by CHP/CPPs introduction.

5.3.1 *Allocating limited resources: taking account of remit, geography, politics, competition and rationalisation*

Stakeholder accounts illustrated how often determinist parameters were imposed by mainstream funders, which constrained strategic choices on offer to Centre managers. For instance, at a local level many other locally-funded and health-related projects were in operation, several of which pre-dated HLCs’ implementation. While the specific funding issues facing HLCs are discussed in Chapter Six, local CHP/CPP decisions on the future distribution of local funding had to take into account the future of both HLCs and other currently funded health organisations. Thus, control of resources appeared to give CHPs the power to make strategic decisions which in turn influenced HLCs’ futures. Evident in the

following statement are the influences of local sectoral practices (Child and Smith, 1987) on system-wide consideration given to HLC sustainability:

“...I think it’s back to, probably, what’s going to be a fairly strategic decision in terms of the future of community health initiatives, cause it isn’t just about healthy living initiatives [HLCs] in the city. We’ve also got, like, community health projects in the city, who, themselves have been having a review conducted this year...” (Stakeholder, CHP(1), Site 1).

In seeking to optimise distribution of limited resources, it should be noted that restructuring and introduction of new policies meant that amelioration of health inequalities had become a central focus of NHS business (e.g. Scottish Executive, 2005a). Whereas HLCs had been given a specific remit to address health inequalities (see NOF, 1999; Department of Health, 1998a), the new “systemic approach” meant that HLCs now formed part of a system-wide approach to undertaking such work. The account below highlights the significance of the organisational context (Scheirer, 2005) and the need to consider changes that took account of how organisations operate within larger systems (Gruen et al, 2008). Thus, decisions on future resource utilisation to address health inequalities required that funders’ attention be given to the whole system, rather than on specific organisations previously dedicated to this work such as HLCs:

“...there’s [the] inequalities team now in place in the board and they’ve tried to essentially, put it into people’s job descriptions, like mine, that the whole system, including things like the mental health partnership, the acute sector, has a responsibility for reducing inequalities. So, there’s been a kind of systemic approach.” (Stakeholder, CHP(1), Site 3).

Having to optimise resource distribution, stakeholders indicated how CHP funding decisions had to take account of service provision across much larger areas and to more communities than those originally targeted by many HLCs. This contrasted to the BLF funding which enabled HLCs to focus on particular communities, and often to operate within bounded and geographically distinct communities. For instance, site one had been established to address the needs of a postcode-defined community, although such a target group was relatively small in comparison with CHP/CPP boundaries. With such partnerships controlling scarce resources, managers discussed having to potentially make major changes to the geographical coverage and size of population targeted by HLCs:

“...we’re geographically fixed at the moment, the [original location], which is just a population of under ten thousand. The new community planning partnership area ... that

covers a population of fifty thousand and that sits within a community and social care partnership [CHP]. There's two community planning partnerships within our community health and social care partnership and that has a population of about a hundred and thirty thousand" (Manager, Site 1).

In sites one and two, CHP/CPP stakeholders' discussion of sustainability took into account the small postcode- and geographically-defined communities originally targeted and of how these original HLC models only addressed a relatively small proportion of the population targeted by new partnerships. Supportive of findings which discuss the challenges faced when allocating limited mainstream resources after external funding for initiatives comes to an end (DETR, 2002), CHP/CPP stakeholder proposals emphasised the need to achieve efficiencies in funding allocation and better economies of scale by devising services that addressed larger populations. Whether operating an outreach- or a centre-based model of delivery, mainstream partnerships sought 'moveable services' rather than models which were linked to particular communities:

"...we need to start benefiting from that more widely. If it [the HLC] just sits there and it's only benefiting a population of three and a half thousand, I don't think that'll be enough for the CHP. I think [the] CHP will be looking for, em, for more bang for its buck" (Stakeholder, CHP(1), Site 2).

"Obviously they realise that they're funded for [this area] at this moment in time but, you know, they've to consider future sustainability in terms of maybe widening the area that they're covering as well because it is a small population in [the area] and, you know, maybe to generate a group [for funding], you need larger numbers sometimes..." (Stakeholder, CHP(2), Site 1).

In spite of the emphasis placed on developing 'moveable' services to target multiple communities, the opportunities for HLC managers to take such features into account were limited as uncertainty about future health system needs remained evident among CHP stakeholders. For instance, in site two, some accounts drew attention to a need to take into account the equitable distribution of services across communities comprising CHP boundaries. This contrasted with a more pragmatic account given by another stakeholder who had responsibility for planning services across CHP localities. In this person's view, the recent formation of the CHP meant that decisions regarding equitable provision could not be made until a complete review of services had been carried out. Here, the challenge of comparing the provision and level of services between localities was emphasised, as was the time required to undertake such a review. Furthermore, the political nature of strategic planning (Pettigrew, 1987) was evident, as historical working practices had to be taken into account when determining the future provision of resources:

“...I think we will be in a position in a year and a half, maybe two years time that we’ll have a real accurate picture of our resource use per population in all our health areas... You will always have this legacy issue ... but, at this point in time, we, we’re certainly not in a position to say we can sit down and, in all honesty, say that [the HLC] is, is an inappropriate development and shouldn’t be continued.” (Stakeholder, CHP(2), Site 2).

While a geographical focus was being considered in sites one and two, the operational boundaries of site three equated with those of larger local CHP/CPP partnerships. However, in this instance, discussion by CHP/CPP stakeholders examined how existing organisations, including the HLC, might be better streamlined to take account of limited resources. Here, CPP proposals illustrate the use of a determinist model of strategising (Hannan and Freeman, 1977) and power of potential funders to specify criteria that organisations seeking funding might be required to meet. In this example, the CPP presented a centralised model aimed at rationalising the number of organisations in existence. Such a model, as stakeholders outlined, was rooted in attempts to optimise funding by retaining services while making efficiency savings in amalgamating various organisations’ administrative functions:

“...we’ve got forty projects on the ground. Many of them compete against each other for funding as well and, em, and many of them, many of them have got their own IT systems, their own transport, their own, em, personnel systems, payroll systems, you know, a Trust can actually centralise that and say, now deliver services, you know, that’s what you’re there to do rather than be doing all this, eh, backroom stuff that actually takes them away from service delivery.” (Stakeholder CPP(1), Site 3).

Such proposals resonated with a wider emphasis given to restructuring in this location as work was underway to amalgamate and conjoin services as the functions of one health board were disbanded and merged with neighbouring boards. This meant that stakeholders’ attention was drawn to reducing “duplication” (Board member, Site 3) in the area. In addition, the development of new system-wide approaches to address health inequalities and in response to CHP concerns that the HLC had become “too big”, led stakeholders to propose “a complete reconstruction” (Stakeholder, CHP(1), Site 3) of the organisation. In the literature on programme sustainability, such widespread transformation of the infrastructure and change in circumstances has been used to argue for the discontinuation of an initiative, particularly if its *modus operandi* is no longer deemed appropriate (Glaser, 1981). Attention to discontinuation seemed apparent in site three as stakeholders focused on separating the service delivery functions from the community development role of the HLC:

“...there was a feeling that maybe it [the HLC], eh, got too big, too quickly, em, and that meant a lot of the issues and problems that have come up have been all the more difficult because it, it has been such a big organisation and grew quite quickly. So, in terms of that, [CHP/CPP stakeholders are proposing] narrowing that focus down ... [to] service delivery, em, and there’s also the community development role” (Stakeholder, CPP(2), Site 3).

As illustrated, funders often exercised considerable power in their ability to set the parameters within which HLCs might seek funding in order to continue to operate. Latterly, transformation of the infrastructure and threats to continuation were confronted in site one. In this instance, the manager discussed how his strategic choices were constrained by local political imperatives (Pettigrew, 1987), when confronted with funders’ power to determine the future shape of services based upon their control of resources (Pfeffer, 1992). In contrast to the project negotiation process advocated by Shediak-Rizkallah and Bone (1998), funders’ rationalisation plans for site one were presented as an imposition:

“What they’re saying is that, if there’s a pot of money of a million pounds, we’re not going to give lots of projects lots of bits of money. What we’re going to do is, we’re going to look at economies of scale, we may only give it to two or three projects and those two or three projects will be our main providers and if you don’t fit within our agenda, you’re not going to get that money.” (Manager, Site 1).

Thus, it was apparent across sites that restructuring within the wider health system required that HLCs consider changes to their model of service delivery. (Further examination of funders’ proposals is given in section 6.4.1.) While sustainability is likely to be a multi-faceted process (Scheirer, 2005), Gruen et al (2008) posit questions about whether organisations might be able to endure such change within local institutions, whether organisations might be expanded to broader populations and if their services can be applied in different settings. These points and their relevance to HLC sustainability are discussed below.

5.3.2 Compromises under consideration: moving geographies and protecting services

Faced with a dynamic and evolving health sector, stakeholders provided accounts of how modifications to HLCs might be undertaken to realign and adapt to changing environmental conditions to aid sustainability. While literature on sustainability has focused on projects’ ‘fit’ with existing organisations and funders (e.g. Scheirer, 2005, Stevens and Peikes, 2006),

no studies were found which examined project stakeholders' discussion and consideration of the compromises that might help achieve such alignment. In the accounts which follow, modifications that might be made were suggested by stakeholders to be influenced by the different ways in which HLC sites were constructed (i.e. size of area covered, use of community development approaches), and of consideration being given by new partnerships to future service provision across larger areas.

Pre-empting CHP/CPP decisions on future forms of service provision, the manager in site one proposed modifications to enable more widespread delivery of services (see quotation below). This suggests that evolutionary strategic attention was being given to emergent requirements of the sector (Child and Smith, 1987) while also seeking to enhance opportunities for HLC service to be "sold" in ways that met potential funders' requirements (Scheirer, 2005: 339). Proposing a compromise to retain links with the original target community and to address funders wider boundaries, the manager's approach marks attempts to ensure that the HLC retained its original "essence" Scheirer (2005: 338), to avoid the loss of the HLC's original community focus (e.g. Cornerstone Consulting Group, 2002) (see also 7.4). This approach also accords with Pettigrew's (1987) view of organisations as political systems, where, "under the guise of rationality" (Burnes, 2004: 218), actions are taken to sustain sectional interests. In site one changes were made to the constitution of the HLC to allow for the delivery of services across wider areas, while the manager sought to retain a central focus on the original target community:

"I think what we probably have to do is to compromise on it. So, what we will have is then, you know, something like, eh, next year it's ninety percent of our projects in the [original area] and ... the following year it's eighty twenty ... and by the end of five years of our business plan it's a fifty-fifty split" (Manager, Site 1).

In contrast, the manager in site two was reluctant to establish a moveable service targeting multiple communities. Having operated and delivered services from a publicly accessible base to an island-dwelling community, the manager considered the future of the organisation to lie within the same boundaries. Furthermore, the manager articulated that she did not wish to work in a manner which would necessitate substantial additional travel. Related to this, other research illustrates how organisational inflexibility and a lack of additionality limited the mainstreaming opportunities on offer to area-based initiatives (DETR, 2002). Although a compromise position was put forward, with the manager suggesting that her skills could be used to train people to deliver services in other locations, her emphasis remained on maintaining links with the original community:

“...what [the CHP partner] has said to me, he’s said it to me, what he’d like to see is [an area wide] form of this [HLC] and me managing it. I said, that’s not going to work, I don’t want to go to the mainland to work, you know, we’re here [on the island]. I says, but yes, we could dot about and train people up but we need to be here to do that...” (Manager, Site 2).

Although suggesting a compromise, the manager of site two voiced her scepticism about the transferability of the HLC model to other locations. In this instance, the manager attributed HLC successes to community development work undertaken over time. Without having had the necessary capacity-building (Hawe et al, 1997) opportunities to spend time “laying the foundations” in new communities, the manager felt that there would be little acceptance of HLC-type services in new areas. In an illustration of how organisations can become encumbered with their founding ideologies (Miles, 1980), the manager contended that establishing a moveable service, derived from the original HLC model, would be problematic. Instead she advocated a replication based on an increased emphasis given to capacity-building and the establishment of support in the form of a local practitioner to help facilitate community development work:

“So, that kind of model of work, which is, it, it’s community development, right. That model of work, if they take that and suddenly parachute it into an area that’s had nothing... my worry is that rolling things out does work but you need a bit of capacity building or laying the foundations, you need trenches dug and the foundations laid before you can suddenly parachute it there. You also need somebody there to champion it and take it on.” (Manager, Site 2).

While the island-status, centre-base and community-development models of site two were used to resist calls to deliver a ‘moveable’ service across a wider area, the ‘virtual’ moniker used by site one was considered to be of benefit by management when positioning the HLC to deliver more widely. Although this site had also used community development approaches, an emphasis had been placed on establishing services, based on community needs but delivered using professionally trained staff. While the manager emphasised the intent to retain a focus on the original community (see above), a ‘virtual’ form of service delivery was portrayed as a way of enabling modifications to take place better to meet partner organisations goals (Scheirer, 2005). In this instance, site one was less restricted by “territorial barriers” than site two which was ‘bounded’ by its’ use of a centre-base amenable to target geographical communities:

“...the local politics is very much kind of, em, eh, kind of area-based. We, by virtue of the fact that we are a virtual centre, are able to kind of overcome these territorial barriers which is quite good. I mean, that’s the big plus about not being a kind of, eh, centre to the area.” (Chair of the board, Site 1).

However, despite proposing to expand service provision to take account of a larger number of communities, the attempts made by the manager in site one were met with resistance as assumptions were made by local agencies about the long-term viability of the HLC. Having proposed to deliver services across the CHP, the manager sought to align with funders by developing a service focussed on anticipatory care (see Scottish Executive, 2005a). The response encountered suggests an extension to the ‘product-process’ tension (Cornerstone Consulting Group, 2002; Connell and Kubisch, 1998; Weiss, 1995 – see 3.3.3). In this example, the manager in site one suggested that funders were unwilling to engage with his proposals to develop a service while few guarantees were in place to ensure the continuation of the HLC’s organisational processes which would underpin service delivery:

“I mean something like the chronic conditions, y’know, we, we were wanting to run a programme across all the south east of [the city], nobody will talk to us because the way they are looking at it, we might not be here...” (Manager, Site 1).

In site three, compromises were also being considered in relation to how the HLC might better fit and address larger partnerships aims. Compromises mooted by stakeholders focused on the continuation of services that had been delivered rather than the HLC organisation which had developed them (see above). While such proposals were given advanced consideration at site three, latterly the manager of site one indicated that similar plans had been put forward by his local CHP/CPP. In both examples, the “fit” of HLCs with local partnerships’ objectives was presented as a top-down process, requiring HLC managers to consider strategic alignment in relation to how larger partnerships sought to address local needs:

“It’s a wee bit, a wee bit ad hoc sometimes and ... with the existing projects, what we’re doing is we’re identifying the projects that fit within the themes and we’ll start negotiating with them in terms of ... how can we support them to move forward.” (Stakeholder, CPP(1), Site 3).

Although the flexibility of an organisational model has been suggested to benefit sustainability (Stevens and Peikes, 2006), the legacy of earlier provision has been found to be restrictive if change is required to meet sectoral needs (Child and Smith, 1987). The legacy of health improvement provision in site three meant that consideration of the HLC’s

services within a new CPP theme established to address ‘worklessness’³² (see also 7.4.2) was likened to fitting a “square peg in a round hole”. Here, the centralised control of resources and parameters set by funders were guiding how sustainability might be attained by specifying the types of modification required:

“... it might be that there are opportunities there for the [HLC] to deliver a range of other community-based services that, that fit in with health inequalities. ... some might be a, a square peg in a round hole, in terms of fitting it into worklessness, but a lot of it does fit in there and it really depends on how we describe the, em, the service delivery...” (Stakeholder, CPP(1), Site 3).

Drawing attention to a potential conflict between different funders’ intentions for the HLCs and in a further example of the product-process tension, the manager in site three expressed the difficulty faced in seeking to plan ahead and continue organisations versus a focus given to perpetuating services. Awaiting the outcome of a health board-funded evaluation of several local HLCs, the manager discussed how this centralised approach to sustainability might lead to an endorsement of the organisational models and therefore possible continuation of the original Centres. However, in contrast, the CPP plans for future thematic services (e.g. worklessness) were interpreted as being supportive of HLC services but not the originating organisations:

“...health board-wise, we’re going through an evaluation where the board, in December, are going to either endorse or not endorse the Healthy Living Centre programme. Now if that sort of top down, em, format how does that fit at a local level where you don’t want, where you’re protecting services and there will be projects and it will be theme-based...” (Manager, Site 3).

Despite the focus in the literature on the benefits to sustainability of having flexible project models, CHP/CPP proposals led to a tension between the need to examine new forms of service delivery, and threats to the original community-based structures. Such findings contrast with those in the wider sustainability literature. For instance, in Scheirer’s meta-analysis, few studies examined whether modifications had been made to “essential components” (2005: 338) of the original programmes. Similarly, Stevens and Peikes contend that an ability to modify projects benefitted their sustainability as long as “basic operations”

³² Community planning partnerships adopted a number of local themes and priorities related to needs within their areas. Certain CPPs were also tasked with tackling employability and reducing ‘worklessness’, linked to targets established in the Closing the Opportunity Gap policy of the Scottish Executive (1999) and driven by ‘Workforce Plus’, the Scottish Executive’s national Employability Framework (2006). This sought to enable the development of more co-ordinated approaches to commissioning service delivery, locally agreed targets and the provision of additional funding for target areas. These target areas included those where sites one and three operate.

(2006: 154) remained unaffected. It is these features that seemed to so often challenge HLC stakeholders and to which I return throughout the analysis (see 7.4).

5.3.3 Moving priorities of partners: from supporting innovative services to meeting targets

An increasing emphasis on performance-management was being applied by partnerships such as CHPs and was suggested by stakeholders across sites to impact on how HLC plans should be pitched when seeking partners' funding commitments. These targets were indicated by CHP personnel to be guiding statutory strategic planners in forward planning and decision-making regarding the provision of funding for HLCs. This target-driven culture and short-term outlook of mainstream funders (DETR, 2002) contrasts with the innovative and developmental role HLCs had originally been mandated to implement (NOF, 1999):

“The CHP is much more outcome-focused than the previous LHCC [local health care cooperative]. The LHCC was very developmental focused ... it was very supportive of new initiatives, new ideas. Em, I think that kind of health, political health landscape has changed ... and we are going to be very target driven ... [therefore] one of the things [the manager is] going to need to be able to show and demonstrate is that this [future] proposal is going to help with some of those targets” (Stakeholder, CHP(1), Site 2).

While HLC managers were advised by stakeholders to consider how their services would help address CHP targets, a performance management culture contrasted with previous recording of outputs delivered by HLCs. With Centres having used community development methodologies, the opportunities to demonstrate how their work would address CHP/CPP targets was thought by some CHP personnel to be limited. Although the manner in which HLC stakeholders sought to demonstrate effectiveness is further discussed in Chapter Six (see 6.3), the focus given to “numbers” on which decisions about funding would be taken were not thought compatible with HLCs' developmental methods of work (see first quotation below). Instead, planners were more used to basing decisions on quantitative measures of clinically-based care. Evidence gathered by HLCs was found difficult to reconcile with this when future funding was being examined (see second quotation):

“Yeah, it's numbers, it's percentages and it's, it's maybe not the kind of stuff that actually fits particularly well with, with that kind of a [HLC] service, which is a problem, ... there's certainly ways of showing that, it, it's helping towards meeting those targets, whether you can realistically put accurate figures on it, I think, is maybe questionable...” (Stakeholder, CHP(1), Site 2).

“... in reality that has proved quite difficult in seeking evidence because of the type of information, where the information collected in the health system ... within the GP practices ... [and] hospital based transaction systems and then, you know, trying to link that then into the evidence that, em, the healthy living centre has produced.” (Stakeholder, CHP(2), Site 2).

Furthermore, despite the increased focus on targets, wider issues surrounding the establishment of baseline measures by new partnerships had not been resolved. Although the use of targets accords with rational and pragmatic processes to determine the effects of services provided by organisation such as HLCs, stakeholders noted a lack of specificity evident among CHP/CPPs about what measurements were required (see first quotation below). The continuing process of embedding and uncertainty surrounding outcomes required by CHP/CPPs affected HLC managers’ ability to align with funders. Without knowing what targets/outcomes funders might wish to have addressed, managers were limited in their capacity rationally to plan for the future (see second quotation below):

“One of the problems is that, for the baseline in is they’re not very clear at the centre nor at the Executive how to measure things and what data they need.” (Stakeholder, CHP(1), Site 3).

“Each partner haven’t, has still to identify what their key outcomes are. That would [help us] identify what their key methodologies for engaging with those outcomes are and they haven’t fully decided on how they’re actually going to commission the voluntary sector to deliver on those” (Manager, Site 1).

Furthermore, the emphasis given to targets specified by funders was felt by one manager to place limits on the founding principles of HLCs and their focus applied to responding to local communities’ needs. Again the power of organisations controlling resources to direct the way in which HLCs might develop was brought to the fore. Taking account of strategic drivers such as the performance management targets, but discussing how his community-led board might raise potential work plans in accordance with local needs, the manager of site one indicated that the outcomes sought by CHP/CPPs did not place an emphasis on the innovative functions of HLCs (see also 7.4). Here, the necessity to deliver on new short-term targets can be seen as a disincentive to funding activity not directly related to meeting such targets (DETR, 2002):

“...if my board comes to me ... and sort of says ... there’s a piece of derelict land outside your office, what we’d like to do is we’d like to turn that into an urban meadow, right, everyone says that the greener your environment is, the better your mental health is,

reduces, you know, vandalism and this type of thing ... If I sort of say, well that's a good use of the money, the community have identified it, there is a rationale and a best practice model underpinning that, I take that to the health board and they turn round to say, no we want to give you, we want, we want you [to contract] for smoking cessation. Then that [green space] programme will die" (Manager, Site 1).

As revealed throughout fieldwork, and illustrative of how such uncertainty persisted over time (see also 8.2), some CHPs were still described to be "in their infancy" by the Cabinet Secretary for Health and Wellbeing³³ in January 2008. Contrasting with the reported benefits to sustainability of links to mature institutions (Steckler and Goodman, 1989), CHP/CPPs' relative indeterminacy were a continued hindrance to HLCs seeking sustainability.

5.4 Summary

This chapter has focused on the dynamic organisational context that HLC stakeholders had to take into account when examining proposals relating to sustainability. Restructuring and the lengthy embedding process of new partnerships meant that HLCs were confronted with unstable and changing environmental conditions. The scale of change underway often prevented wider consideration being given to HLCs by statutory agencies despite the imminent end of BLF funding. Restructuring limited the ability of HLC managers to nurture and maintain relationships with champions, individuals considered vital in aiding sustainability.

Seeking an appropriate mix of services, HLC managers gave consideration to compromises that might aid their fit with environmental constraints. Having been established to work to address the needs of particular communities, the service-led and target-driven proposals of larger CHP/CPP partnerships presented challenges to managers whose services had originally been rooted in community-based work. While the present chapter has highlighted the extent of change that was underway within the wider sector, the following chapters (Chapters Six and Seven) explore in more depth the challenges HLCs experienced in securing funding and the emphasis placed on strategic direction and strategy development.

³³ Scottish Parliament Official Report, 24th January 2008, col 5413

6 BOBBING AND WEAVING TO SEEK FUNDING: CHALLENGES FACED BY HLCS

6.1 Introduction

As illustrated by studies which have examined sustainability from a retrospective position, having access to funding is considered one of the primary ways in which to support and continue programmes such as HLCs (Shediac and Rizkallah-Bone, 1998). Being able to access funding has been suggested to benefit from the development of a strategic financing orientation to plan for the future (Åkerlund, 2000; Community Solutions, 2004; Mancini and Marek, 2004; The Finance Project, 2002). Throughout this chapter, the impact of the changes underway within local health structures (see Chapter Five), are evident. Where necessary these are expanded upon when examining how funding strategies were considered and the challenges experienced by HLC managers.

Drawing upon the thematic exploration of ‘moving targets’ undertaken in the previous chapter, Chapter Six focuses on several features pertinent to funding debates and stakeholders’ discussion of potential opportunities/challenges they faced when seeking funding. In the first section I explore the *protracted processes involved in seeking local funding*, which takes into account how sectoral changes led to restrictions on the availability of funding from local sources, and the challenges confronted by HLCs seeking to retain their existing funding allocation from partner organisations. Continuing, this section then examines how restructuring affected stipulations put in place by funders and weighted attention towards clinical rather than community-based services. These limitations are further reflected in stakeholders’ accounts of the political influences on sustainability, of attention directed to competitor organisations also seeking funding, and to attempts made to retaining the interest of local funders and decision-makers. The second section develops an account of HLC stakeholders’ attempts to *demonstrate effectiveness and of the challenges encountered*. My analysis explores the issues confronting HLCs’ attempts to capture and present their work in terms of health outcomes. I then examine ways in which Centres sought to overcome these limitations and alternative attempts made to demonstrate effectiveness. In the third section my analysis explores, in more detail, *HLCs’ potential fit within new models of funding*. This begins by explicating how a switch in funders’ focus from projects to programmes affected HLCs’ deliberations. Latterly, this section examines how sectoral

restructuring impacted on discussions about mainstreaming. In the final section my analysis explores *stakeholders' attempts to secure further funding from the BLF*, focusing first on the temporalities and politics suggested by stakeholders to influence funders' decision-making. This is followed by examination of efforts to reconfigure HLCs' work-plans better to fit funders' stipulations and concludes with an exploration of the temporary funding measures put in place to stave off Centres' closure.

6.2 Local funding negotiations: a protracted process

The limited attention given by applicants for HLC funding to sustainability plans (see Platt et al, 2005a) and, in particular, future funding in their early years now seem prescient considering the system-wide changes that have taken place since HLCs' inception, and resultant limitations these changes placed on forward planning. Returning to the original bid documents, while the need to ensure future funding was highlighted at this stage, sample sites' plans were described as "vague" and "necessarily sketchy" in BLF board reports on the submissions that they had received.

The limitations underpinning applicants' vagueness toward sustainability when constructing bids between 1999 and 2001 were illustrated in the scepticism voiced by one HLC manager when recounting advice she had heard from a member of the then newly elected SNP Government in late 2007. This advice suggested that HLC stakeholders should seek to have honoured the funding commitments made by partners at the time bids were being submitted to the BLF. Such advice belies awareness of how system-wide structures had changed since the original bids were compiled. In contrast to recommendations that sustainability be enhanced through continued partnership working and collaboration (Goodman et al, 1993; Mancini and Marek, 2004), HLC partners had often changed and had new responsibilities in terms of the focus given to areas/populations and centrally determined priorities and targets (see 5.3). Questioning how partners' previous commitments regarding sustainability and given to funding applicants when proposals were constructed in 1999-2002 might have been met in the face of such change, a manager commented:

"But how can you do that when things have changed so much? I mean, that the organisations who signed up to that no longer exist, like the LHCCs and stuff like that. So things have moved on." (Manager, Site 2).

Despite such changes taking place within local organisations that had originally partnered and provided funding for the HLCs, local provision of future funding was of central importance to the sustainability of Centres. With the BLF having stated at the outset that they would not provide continuation funding for the HLC programme, HLC managers and stakeholders sought to position the organisations in order to attain funding from local sources.

6.2.1 Struggles to retain existing funds: HLCs' fit within a world of changing priorities

In a changing health sector, the opportunities for managers to determine the parameters by which they might operate in future were limited by new funding constraints. This arose as changes that had taken place within the healthcare structures in which HLCs operated often meant that core funding provided from statutory agencies in support of BLF monies was no longer assured. Instead, HLC managers' attempts to secure future funding had to take account of their organisations' increasing 'embeddedness' (Pettigrew, 1987) within evolving health sector frameworks.

This was evident in site one when one of its original lead partners, the local SIP, became amalgamated within the larger CPP. This restructuring was also associated with changes to funding packages³⁴ and ensuing uncertainty about how statutory agencies' funding was to be distributed to take account of larger areas/communities' needs. Responding to these changes, the SIP cut much of the funding it provided to site one in advance of its amalgamation with the CPP (see first quotation). This reduction was to have knock-on effects on the likely availability of core funding from the CPP. Following SIP reductions, similar cuts were applied by the CPP, while wider reviews of funding further restricted any opportunities to obtain core funding from this partnership (see second quotation):

“...because of the reorganisation for the community planning, no we can't, but we'll continue the funding we're giving you, which is like five thousand pounds.” (Manager, Site 1).

³⁴ SIP funding was replaced with the Community Regeneration Fund (CRF). Where SIP funding had been targeted at specific geographic locations, its CRF replacement was linked to the 15% most deprived areas as defined by the Scottish Index of Multiple Deprivation. In the case of site one this transition resulted in a distribution of funding across a larger area than the previous SIP had covered.

“...what they’re [CPP] saying is because the Scottish Executive’s funding review, which goes up to 2008, they cannot commit after, or they cannot commit after, eh they can only commit for 2007 / 2008.” (Manager, Site 1).

The retention of local funds originally granted to HLCs was also a problem for site two, where a health improvement fund had originally been ring-fenced as core funding for the Centre. Subsequent changes to health boards’ configuration within Scotland meant that the original NHS board, which had housed the HLC’s line manager and which was viewed by Centre management as a potential main funder, had changed during the site’s lifespan. Contrasting with the importance attached to securing an ‘organisational fit’ (Steckler and Goodman, 1989) with a larger host, the manager of site two indicated that limited time had been available to establish such a fit with a new host, with the HLC instead viewed as “an appendage” to the new NHS board. Although the manager emphasised the political “precedent” established through provision of previous core funding, the introduction of new partnerships such as the CHP led to concerns regarding the continued provision of the original ring-fenced core funds:

“...we were given twenty-four thousand [pounds] a year from [the original] health board, which has created a precedent in funding and if you go to [the new health board] ... there’s lots of budget pressures and [the health board] have told [the CHP] not to spend any new money” (Manager, Site 2).

In contrast, having mirrored both CPP and CHP boundaries throughout, site three faced several unique challenges to ensuring the continued provision of its local funding. In this instance, funders queried the viability of the site three organisational model as the HLC had experienced several problems during its operational phase. These included: effectiveness of management; control over and proper distribution of funding; and, the Centre’s ability to deliver services. The power of funders to set parameters for provision of local funding was evident and was supported by later statements from other HLC’s stakeholders regarding the importance of having local financial support for bids made to appropriate new BLF funding packages (see section 6.5). The following statement illustrates how statutory agencies, which part-funded Centres, might affect sustainability, particularly regarding an organisation’s future shape:

“I think, currently, it would be difficult for us to advocate, you know, continuing funding, em, beyond their, their current, eh, em, funding period if they’re adopting the same model and things hadn’t changed dramatically.” (Stakeholder, CHP(2), Site 3).

Across sites, a further issue of concern regarding the retention (and further acquisition) of local funding, concerned the potential negative impact that a switch from provision of five-year funding to annual funding patterns might bring about. In contrast with other findings which illustrate the importance of securing both long- and short-term funding (e.g. Åkerlund, 2000; The Finance Project, 2002) and of the importance associated with being better able to demonstrate impacts across multi-year funding packages (Community Solutions, 2004), CPP and CHPs were criticised for their funding short-termism. Having operated with the security of five years of funding, HLCs had had scope and capacity to experiment, innovate, learn and adapt. Annual funding proposals recalls the product-process tension (Connell and Kubisch, 1998; Weiss, 1995) and was discussed by stakeholders to create more of a 'hand-to-mouth' style existence based around service delivery rather than on community development principles. As such, a manager suggested that this form of funding might impact on a variety of functions that many stakeholders had regarded as key strengths and likely factors in the success of the original HLC programme:

“...if we can claim any kind of success it's that it has been that five year funding, that has allowed a) to get the staff in who have come in for five years and b) to actually allow us to develop programmes which didn't have a, the challenge of looking over your shoulder each year and it's about ... being able to sustain programmes and develop them slightly and actually then to show an impact and actually start to change them slightly so that they're actually more.” (Manager, Site 1).

Support for managerial concerns regarding the impact of year-to-year funding on the time required to assess, recruit and train staff was reflected in discussion of retention of posts when only limited security of employment was available (see first quotation below). Furthermore, five-year funding was felt to have benefited HLCs in their ability to recruit talented staff to initiate, develop and adapt a service for the community. This was particularly evident in the evaluation of Scottish HLCs (Platt et al, 2005a), which found that the success of HLC interventions was often contingent upon the time taken by Centres' staff to become acquainted with local communities. Drawing attention to purported benefits which five-year BLF funding was suggested to have provided, a manager queried whether annual funding patterns would allow scope to develop a similar quality of service (see second quotation below):

“...every two, three years you're back scrambling about trying to find money from somewhere and that's not a way, one to keep good staff in employment because they're only going to take it for so long and go, I'm sorry, I'm not waiting to the first of March to find out whether I've got a job at the end of this month...” (Sessional staff member, Site 2).

“... [and] if they’re turning round and saying, it’s going to be a year [of funding], because it’s then about the calibre of staff you can recruit and ... if you’re looking at developing a new, an, an intervention, it could take you a year, two years for that intervention to actually get off the ground...” (Manager, Site 1).

These findings are supported by HLC managers’ discussion of potential compromises whereby it was intended that future models might retain, to differing extents, an degree of responsiveness to local communities’ needs (see 5.3.2). These issues and their relevance to debates surrounding funding are further explored in relation to HLC identity in Chapter Seven (see 7.4).

6.2.2 A limited availability of local funding: a realistic appraisal of opportunities

Despite difficulties associated with retaining existing core funding, HLCs continued to make approaches to local funders, mainly to new bodies including CHPs and CPPs, neither of which had existed when the programme was launched. Such approaches often resulted in an acknowledgement of the responsibility that organisations such as CHPs had toward addressing health improvement and health inequalities and of their need to draw on organisations such as HLCs in order to provide relevant services (see first quotation below). However, such bodies had limited discretion for allocating spending, particularly latterly when ring-fenced funding restrictions were removed (see 8.3) and because of competition from and political pressure to ensure clinical services remained well funded. In this instance, competing sectoral interests (Burnes, 2004) were suggested to limit larger partnerships’ commitment to community health services (see second quotation below):

“... I don’t think our core services are particularly well set up to deal with the longer-term objectives of improving people’s health. Em, so I certainly see that it’s [the HLC] something that a community health partnership should be supporting, long term, possibly with some core funding.” (Stakeholder, CHP(1), Site 2).

“So one thing is that the health board itself is operating within very tight financial parameters and within that it is quite difficult to argue the case for more funding for non-clinical services. ... there’s certainly a commitment to a broader focus on health improvement but it isn’t always easy to see, you know, when you’re operating in very tight financial circumstances, it isn’t always easy to see that you can shift that money...” (Stakeholder, CHP(1), Site 1).

Faced with “lots of budget pressures” (Manager, Site 2), little ‘new’ money for health improvement was to be made available through potential funders such as CHPs. In the case of CPPs, certain funding packages previously made available by SIPs and which had supported some HLCs, were coming to an end and had been actually reducing over time (see above). Yet existing funds which remained were increasingly in demand from across the community sector, which further restricted funding opportunities for the HLCs. Any form of statutory-provided funding to enable sustainability for HLCs was acknowledged to necessitate operating on reduced budgets:

“... there’s a limited pot of money out there. Would we ever get funded to the same levels we’re funded just now and I think the answer to that would be no, and I think that’s probably the answer too, for most HLCs, that the money would not be as forthcoming as it is, not because it’s anything wrong in what anybody’s doing or it’s not been successful in it’s own way.” (Manager, Site 3).

With no guarantees that bids to the Lottery would be successful (see section 6.5) and with few other options remaining (bar any potential release of central government funds), the emphasis placed on local CHP/CPP funding was thought by stakeholders to likely restrict HLCs’ work to these agencies’ “priorities” and “targets” (see first quotation) (see also 5.3.3). In addition, and as illustrated in the second quotation, the manager of site three felt that the consequences of restructuring and limitations on provision of funding would affect the future application of developmental models of work devised and operated by HLCs.

“... it would just be completely scaled back. Em, obviously, the [CHP] priorities would be the only things that were, you know, the absolutely priorities would be the only things.” (Stakeholder, CHP(3) Site 2).

“... I have heard from members of their, of the actual health improvement team that [the director of the CHP] doesn’t believe in community health initiatives. ... [A]nd we know he is looking for ... quick impact results to reduce or to bring the levels or health levels up and reduce the deprivation and the health inequality levels. He’s looking for quick, quick and fast solutions. ... The things that he’ll fund, I think will be things that will make those impacts and get all the, ticks all the right boxes.” (Manager, Site 3).

Both of the quotations given above also illustrate how potential funders’ had power to influence the future focus given by HLCs to health improvement. Even then, as explored below, HLC stakeholders remained mindful of the politics associated with any attempt to secure local monies.

6.2.3 *A plethora of projects: local politics, competition and not biting the hand that feeds*

As a consequence of restructuring, political activity was paramount and was evident in attempts to secure both the short- and long-term support of local funders. Political discussion often featured in managers' and stakeholders' positioning of a Centre to potential CHP and CPP funders, which had (part) funding responsibility for many community health initiatives and only a limited amount of funding to distribute. In site two, political manoeuvring related to CHP discussion regarding "equity of access". With a limited health improvement budget to allocate, CHP terms of establishment indicated that decisions on funding should take account of the whole area, across localities, with a competitive service planning prioritisation process used to allocate funding (see first quotation). Furthermore, CHP funding parameters took into account a number of 'development' projects, of which HLCs were one but not the only one (see second quotation):

"...I think the reality at the moment is core funding is going to be extremely difficult to achieve, em, particularly when there's a, the organisation is currently looking at it in terms of equity of access ... because the overall objective will be to share that out across [the area], which may well mean that it's spread too thinly to actually make any kind of impact [for the HLC]." (Stakeholder, CHP(1), Site 2).

"...if there is a, an extra call for development funding [for the HLC], yes, the CHP will look to fund that if it is prioritised as the, as the top, one of the top developments that we want to see continue." (Stakeholder, CHP(2), Site 2).

Stakeholders in site two were mindful of such debate and the existence of other community health initiatives. For instance, two further HLCs operated within CHP boundaries, albeit that these organisations had an additional year of funding remaining, having started their operations a year after those in site two. Indeed, previous funding precedents (e.g. provision of core funds – see 6.2.1) were used as political bargaining tools by site two and political discussion involving the CHP was linked to concerns regarding the establishment of any new precedent surrounding future allocation of local funding:

"... we, as a CHP, er, will need to consider, you know, the importance of that [HLC organisation] and the support that is needed for the, for maintaining that initiative as opposed to, two other areas [HLCs] which we have going on at the same time." (Stakeholder, CHP(2), Site 2).

Similarly, taking into account the expanded areas that CHP and CPPs had responsibility for, and, considering the existence of several other community initiatives, meant that funding was thought likely to be more tightly distributed in future for organisations such as site one. Here, elements of local politicking surrounded the perception that poor working relationships existed between potentially related organisations. Highlighting the “tension around the existence of two projects in the area” a CHP stakeholder implied that the strained coexistence of both organisations’ projects and limited partnership working had led to a negative impression among funding agencies:

“...it’s been commented on from the outside that would it not have been better to have them co-working and things and getting some added value...” (Stakeholder, CHP(1), Site 1).

Whether the lack of partnership work would have an influence on CHP decision-making remained speculative, yet with a plethora of organisations requiring funding, discussion among stakeholders took account of how CHP/CPP decisions would necessitate “rationalisation” (Stakeholder, community group, Site 1). Such a process, it was suggested by several stakeholders, would take account of how services were currently being delivered as well as how CHP/CPPs might develop new formats to ensure future delivery. Talk of competitive practices and positioning of services better to appeal to funders, meant that site one’s services were described as having been purposively developed to be “broader” and “more generic” (Stakeholder, CHP, Site 1) in comparison with its nearby competitor.

Discussion among Site 1 stakeholders highlighted how a local ‘competitor’ organisation, established for over ten years and now also seeking funding, had, through its longevity and historical working practices, secured a degree of local ‘political influence’. While this project had sought to involve local politicians and news media to bring attention to its funding plight, such overt political behaviour was rejected by the manager of site one. Instead, and supportive of Morgan’s (1998) recognition of the inherent existence of political actions within organisations, the implicit political actions taken by the manager of site one, namely not to take overt political action, sought to ensure that the HLC did not generate criticism among funders. In this instance, the manager felt that such actions might not work in favour of the HLC at this time:

“...if you’re turning round and you’re slagging off the hand that feeds you, you know, the reality is, you know, someone’s sitting across the table, doing a scoring grid for a commissioning of service, turning round and thinking, you know, ‘well, you know, that

project, they're both [of] similar quality, similar standard, but those people, you know, made my life hell and I'm not going to fund them.'” (Manager, Site 1).

Furthermore, local politicking was evident in managers' efforts to remain reactive to wider systemic developments in attempts to make their organisations “indispensable” (Stakeholder, CHP, Site 1) to potential funders. Such reactivity resonates with the “periods of flux” suggested by Mintzberg (1990) that make it difficult to establish clear strategic directions. In site two, managerial reactivity to potential funders was considered a distraction to sustainability as Centre links to the health sector and the manager's desire to appease potential funders did not necessarily coalesce with HLC interests. In this example, funders' power to direct HLC actions was evident in managerial responses to their request to investigate the potential for a health-related social enterprise in the target community. The following quotation illustrates how managerial strategic choices were sometimes made in order to meet funders' needs in the present so as to garner support for sustainability in the future:

“I felt that it [the social enterprise consultation] was, timing was bad, that we couldn't invest time in doing this, there was far too many other things that would have suffered if we'd gone ahead with this, but then somebody from NHS [became involved] ... [The HLC manager] felt that, you know, that she had to do this... [and] that's a prime example of the effect of the hierarchy of the NHS and the culture of the NHS that [the HLC manager], felt that she had to do this because she was getting direction from NHS management...”. (Stakeholder, CPP, Site 2).

Such politicking was further highlighted when managers discussed a perceived need to maximise their core funding in order to subsequently approach external funders such as the BLF. While HLCs' bids to the BLF are examined below (see 6.5), a premium was attached to securing core local funding by managers as such demonstrable support was thought to be of considerable value when compiling bids for the bulk of remaining funding requirements. Politically, the acquisition of local funding signified the coherence of local initiatives and their alignment with local planning structures, which external funders such as the BLF reportedly took into account when making funding decisions:

“It's to support the bid, em, to show willing that the NHS are, are buying into it” (Stakeholder, CPP, Site 2).

“...I can't get, I won't get Big Lottery money, I won't get any other kind of funds if I don't have health board or community planning [funding].” (Manager, Site 1).

As these sections have shown, great store was placed on the need to secure local funding, even when it was acknowledged that such funding was limited and likely to be hard come by. Further politicisation of measures to secure sustainable funding is explored with reference to national politics and the role of central government in Chapter Eight (see 8.3). In the section below I explore in more depth the challenges faced by HLCs in demonstrating their worth when approaches were made to potential local funders.

6.3 Demonstrating effectiveness and the difficulty in so doing.

Bound up with HLC stakeholders' concerns and of central importance to securing the provision of local funding is the need to demonstrate a project's effectiveness to potential funders (e.g. Mancini and Marek, 2004; The Finance Project, 2002). However, in the wider evaluation of Scottish HLCs (Platt et al, 2005a), it was notable that only limited advice regarding monitoring and evaluation had been issued in the original BLF guidance to applicants for HLC funding (NOF, 1999). This, it was acknowledged, created practical barriers to evaluation and, in particular, the emphasis given by HLCs to demonstrating effectiveness of work (see Platt et al, 2005a; Bridge Consortium, 2007). In conjunction, HLC stakeholders were further challenged by the changes underway within healthcare structures and the changing emphasis given by funders toward demonstrating effectiveness with reference to health outcomes and addressing targets.

6.3.1 *Demonstrating success: does this matter?*

The BLF stipulated that HLCs put in place performance management systems and focus on quantitative output information (e.g. number of people reached, services delivered etc.). Programme wide and individual project evaluations have indicated that these stipulations were both time-consuming and a source of dissatisfaction for HLCs, sometimes producing an inaccurate reflection of work undertaken and services delivered (see Hashagen and Jones, 2003; Platt et al, 2005a). The attention given to the collection of monitoring and output data to satisfy the BLF was in contrast to the requirements of HLCs' many local funders, who, stakeholders from several sites reported, increasingly sought information about HLC impacts on health outcomes.

While it is notable that HLCs often lacked the systems to capture potential health outcomes, the contrast between the demands of funders and temporal restrictions in being able to provide health outcomes data were suggested by one manager to be an “ethical issue”. Similar temporal challenges related to outcome evaluation have been noted in the wider sustainability literature (e.g. Åkerlund, 2000). This was particularly evident when a manager complained of the increasing attention given by funders who sought to put in place contracts (see Finance Hub, 2008) and their requests that HLCs “show major behavioural changes in a relatively short space of time”:

“So we can show you the process [service delivery] time and outputs but that doesn’t count any more, it’s the outcome part and that’s the challenge we have, is that our funders keep asking us to show the outcome and we can show the process side of it, but we have great difficulty showing the long-term sort of outcome.” (Manager, Site 1).

In addition, a considerable challenge was indicated in HLC stakeholders’ attempts to reconcile the desire of some funders for “hard evidence” in the form of statistical information compared with many HLCs’ focus on softer data such as personal reporting and case study vignettes³⁵. Such distinctions bring to mind Schofield and Sausman’s (2004: 245) suggestion that “‘what counts becomes what matters’ rather than ‘what matters counts’”. Such challenges recall findings from the national evaluation which identified how HLCs employed different interpretations of what evaluation meant (Bridge Consortium, 2007). CHP stakeholders acknowledged how their ability to make decisions about future funding was constrained by difficulties in reconciling information and evidence provided by HLCs (such as site two) with the new focus on clinical systems and use of health statistics to demonstrate effectiveness in the NHS. Funders noted little alignment between CHPs operating to address locally translated national targets and the impacts of HLCs work, or of how Centres’ work might have been evaluated and best packaged to meet funders’ needs:

“...whilst [the HLC] have obviously produced outcomes in various reports ... [but] where do they stack up within our, sort of, pantheon of, of performance assessment and they’re not there. You know, even if you look at the, the key targets from the Scottish Executive about, at health board level, in improving coronary heart disease rates, so on and so forth, which you see, alcohol, misuse of alcohol, em, where do we play in the great work that, that the healthy living centre have been doing in [terms of] statistical collection so that ... that the benefit of, of having that initiative before and after [can be shown]...?” (Stakeholder, CHP(2), Site 2).

³⁵ Such a focus is linked to guidance offered to HLCs by bodies such as the Community Health Exchange – see: www.chex.org.uk

Such findings support other work which suggests that community health initiatives such as HLCs are difficult to evaluate due to their size, the evolution of issues needing addressed over time and of the shifting political environments inhabited (Coote et al, 2004). Furthermore, as illustrated in the quotation above, it is difficult for HLCs to assemble evidence that is relevant to the complexities of contemporary health promotion (Nutbeam, 1999). More succinctly, many community health initiatives (e.g. health action zones) have been established in ways that do not always lend themselves to evaluation (Judge and Bauld, 2001).

In an attempt to overcome these difficulties and to provide funders with further information to permit decision-making, a local health board commissioned an evaluation of all community health initiatives with a health remit, including seven HLCs, which fell within its jurisdiction. However, a major challenge was noted by stakeholders who suggested that it would be difficult for such a cross-cutting evaluation adequately to represent the unique and contextually-bound features of individual sites. Such different organisational forms of establishment led stakeholders to conclude that the final report would be unlikely to significantly influence funding decisions in isolation from other forms of evidence. In conjunction, the independence and decision-making autonomy of a CHP to take into account local contextual requirements was emphasised over and above the evaluation mandated by a local health board.

“Oh, it’s not had any impact.... I don’t know what kind of impact it’s had. Em, I’ve only heard from some of the other HLC Managers whose feelings were we’d never get refunded on, on it.” (Manager, Site 3).

“...my view is that the CHPs have got, should have the autonomy to decide what they do and each of them will have different models of, you know, Healthy Living Centre anyway. So, I, I can’t see any point in the Board saying this is, we’d just have a big argument with them probably. ... it will be the CHP, it won’t be the health board that decides what our response will be...” (Stakeholder, CHP(1), Site 3).

Further discussion of the role of funders’ such as the BLF in aiding HLCs’ monitoring and evaluation designs, and relating these to the services required across wider health systems, are explored in Chapter Eight. In the section below, attention is given to HLCs’ attempts to overcome inherent monitoring and evaluation limitations.

6.3.2 Working the system and ‘telling your story’: alternative approaches to demonstrate effectiveness

With funders increasingly seeking services that required the specification of outcomes (see also 6.4.1) HLC managers attempted to overcome temporal limitations in their ability to undertake such measurements and the lack of programme-wide focus (see 8.2.5) to how services would or could lead to longer-term outcomes. Addressing this challenge took a different course at each of the case study sites. For instance, the manager in site one sought to position the HLC in ways that were distinctive and which attracted the attention of potential funders. One crucial way in which it was hoped that the value of site one might be illustrated was through implementing models of best practice. For example, the use of an “industry standard” counselling technique was used, which would allow for the HLC’s services to be “benchmarked” against those of other providers. It was anticipated that such practices and services might then be used as indicators (akin to a form of programme theory, see Chen, 1990) to illustrate ways in which HLC services were working to address longer-term outcomes:

“... one of our key kind of methods to ensure our sustainability is to ensure that we actually have very good best practice working practices, that we can identify that we’re making an impact and we’re doing that through our monitoring and evaluation, so that we get to a position about justifying our core services, we actually have the kind of evidence base to actually show that” (Manager, Site 1).

In site two, the approach adopted was somewhat different. Close links to the CHP and the communicative skills (Green and Plsek, 2002) of the manager facilitated provision of multiple reports to CHP decision-makers, which detailed services provided along with the personal stories of service users. These reports along with findings from an externally commissioned evaluation were followed with managerial reflection regarding the ongoing demands (Åkerlund, 2000) of local communities. These reflections led the manager to conclude that the HLC had well established community engagement techniques and an increased “credibility” among “the neediest” people within the community and among health professionals.

In conjunction with supportive findings contained in national reports (e.g. CLTG. 2006b)³⁶, the manager sought to increase recognition for the effectiveness of community health projects in general and the HLC in particular. Having presented such evidence, the manager alluded to it then being the responsibility of CHP decision-makers to determine the cost-effectiveness and utility of the Centre in terms of addressing wider partnership's aims and objectives:

“...it's how you get this, [attention] of middle management, at CHPs ... the people who the money's now devolved to, to recognise the sustainability, for me, is to formalise and make it real for them so that they can't say no and if that means taking these recommendations from the community-led health improvement group, taking whatever else is out there and battering them about the head with it and, you know, saying to them, right, okay, if we shut our door, what are these people going to cost you again? So it's proving that.” (Manager, Site 2).

In contrast, site three was thought by several of its stakeholders to have put insufficient emphasis on promoting its work and demonstrating effectiveness. Stakeholder accounts, along with those of potential funders, often highlighted their lack of knowledge concerning HLC services and accomplishments, in contrast to the generally favourable impressions given by stakeholders in other Centres. Such tasks are considered the responsibility of project leaders (e.g. Torjman and Leviten-Reid, 2003) and this omission possibly reflects the impact of a series of historical problems related to the HLC's functioning and therefore to a gap in managerial consideration of how effectiveness might be demonstrated. As such, at the latter end of the evaluation and considering sustainability, local funders suggested that a greater focus needed to be applied to such matters:

“What I think they haven't been good at is, is describing and telling their story so we have now got a marketing group which I've, I've kind of been chairing which is really around, you know, em, you know, if you haven't actually told anybody what you're doing ... What is the added value bit from them?” (Stakeholder, CHP(1), Site 3).

While sites one and two had focussed on establishing comparative indicators or through drawing parallels between HLC work and wider community-led work (e.g. CLTG, 2006a) regarding how services might be evaluated, site three remained limited in promoting its appeal to local funders. Following funders' suggestions, the HLC employed a local firm of consultants to undertake a survey and examine the impact of HLC services on users'

³⁶ The CLTG report drew on evidence collected from a number of community health initiatives, among which were several HLCs (including site 2). The report covered a wide range of findings relating to working in partnership with communities to improve health.

lifestyles. However, as previous research has shown, the ability of CCIs to demonstrate lifestyle changes in the short-term are limited (Tones, 1998; Nutbeam, 1999). Furthermore, a survey of individuals might have limited the ability of the organisation to provide an in-depth account of the community level activity of the HLC. Reporting her dissatisfaction with the way in which the survey was conducted, the manager, reflecting the view of HLC programme evaluators (Platt et al, 2005a), latterly emphasised that greater attention should have been given to determining effectiveness:

“... things that we’ve learned over five years, for me is, that there wasn’t sufficient hard evidence of research attached to the work that we were doing. I know it’s really, really difficult to evaluate, em, ‘cause it’s very long term but if we had something like that, that would be, em, a stronger case.” (Manager, Site 3).

Despite the varying attention given to demonstrating effectiveness by managers, it is arguable that the changing nature of the system in which HLCs operated precluded the opportunity to ensure continuation through demonstrating whether or not an HLC and the services it provided ‘worked’ or could be attributed to the work undertaken (see Platt et al, 2005a). Such views would accord with a rational appraisal of Centres’ work, whereas the political elements examined previously, and in the remainder of the chapter, suggest that emergent processes and an ability to align with changing environmental conditions were also of great significance in terms of success. Moreover, the complexity inherent within HLC models was suggested to necessitate a combination of both rational and emergent views towards sustainability strategising and, in particular with regards evaluation of Centres’ work:

“...its really important that we do something, em, that’s evidenced-based, evidence-based strategies that try and support these sort of things as well, but also bearing in mind that there’s a lot of things we don’t have [the] evidence base for as well and some of the innovation comes from the people at the [HLC]” (Stakeholder, CHP(2), Site 1).

While the sections above have explored HLC stakeholders’ accounts of evaluative practices, further discussion surrounding BLF involvement in guiding HLCs’ undertaking of evaluations is examined in Chapter Eight.

6.4 A funding system in flux: how do HLCs fit in?

Whereas organisational literature often presents rational models of change within organisations (e.g. Cummins and Huse, 1989), the influence of political struggles (Pfeffer, 1981; Pettigrew, 1987) and evolutionary strategising was much in evidence when examining HLCs' attempts to acquire funding. Great store was placed on securing local funds (see 6.2.3), albeit that there was likely to be a funding shortfall that would enable organisations to be sustained. However, sites also had to contend with adapting their sustainability plans according to emergent CHP/CPP plans, many of which remained in flux during the time when discussions about sustainability were taking place.

6.4.1 New models of service delivery: from projects to programmes

The original bids made to NOF by sites one and three had been led by local SIPs, which had also provided core funding to the HLCs. Subsequent amalgamation of SIPs within CPPs, reductions in the availability of local funding, and the development of new priorities for areas for which these agencies had responsibility, led to new proposals being considered for how the HLCs (and other community health organisations) might be funded (see 5.3.1). Such proposals recall the product-process tension (Connell and Kubisch, 1998; Weiss, 1995; Torjman and Leviten-Reid, 2003) with a focus given more to services to address defined targets/outcomes rather than to development models.

With many organisations facing reductions in funding from the CPP, stakeholders in site three discussed proposals that attempted to ensure service provision continued and which accorded with new CPP priorities and funding availability. These proposals postulated the establishment of a local trust through which funding would be distributed (and through which additional funding might be sought). For site three, much of this funding was channelled via Government policy and translated into local CPP priorities which focused on the theme of 'worklessness' (see 5.3.2). Illustrating how new policies, funding streams and targets influenced funders' decision-making processes, a stakeholder in site three discussed how worklessness proposals were impacting on how a range of CPP-funded organisations might re-focus their service delivery in future:

"We had a general evaluation done last summer ... which [projects] could be mainstreamed and when, em, which ones could perhaps be merged or amalgamated,

which ones might have a contribution to make towards worklessness ... what we brought forward from that was the proposal to create, a, a single delivery vehicle, em, for worklessness...” (Stakeholder, CPP(2), Site 3).

Similarly in site one, the development of local community-wide themes and distribution of funding via CPPs, provides an illustration of the power held by funders to influence and possibly determine new directions for projects seeking to continue their operations. Aware that local funders would be “more likely” to fund an organisation that addressed worklessness, the manager discussed how a processual approach to strategy, influenced by external agencies (see section 7.3), was influencing sustainability:

“...what we have been told, if we’re talking about a strategic approach, is that we should be looking at our funding through the worklessness agenda. ... what community planning are sort of saying is that we’re interested in reducing the incapacity burden in the area and, so, therefore ... they’re more likely to fund us if people who are on Incapacity Benefit, getting them into employment...” (Manager, Site 1).

In the case of site three, its established stress management services were considered in terms of their fit within the worklessness remit through which new funding would be distributed. Similar to the active promotion of funding to address worklessness in site one, stakeholders in site three were explicit in proposing that this new funding stream could be used in ways to reconfigure local services, including those provided by the HLC, to meet the needs of this newly-defined target group. While the consideration of these proposals in relation to organisational identity and HLC cultural practices are discussed in Chapter Seven (7.4), the political influence and funders desire for a “reconstruction of the [HLC]” was discussed as a pragmatic response to a funding reality:

“...so nobody is saying the stress service is terrible, it’s basically, it’s doing a good job but it needs to be in a different context in terms of future sustainability because there, there’s going to be a one point eight million deficit in the, you know, community planning.” (Stakeholder, CHP(1), Site 3).

Highlighting the state of flux within which future CPP methods of funding and delivery of local services were being determined, the trust proposal mooted by site three’s stakeholders was later abandoned. However, the streaming of services to address worklessness remained a key feature. Again, illustrative of the emergent consideration HLCs gave to funders’ proposals, site one latterly discussed CPP proposals broadly similar to those of site three examined above. In this instance the terminology used referred to a switch from a “project to a programme model”. As proposed for site three, such a model sought to rationalise the

“backroom” operations of currently funded projects, including site one, whereby administrative and management posts could be cut, instead being operated through a centralised body, leaving front-line services to continue and receive funding to deliver services:

“I was at the board meeting of community planning last week and the issue raised there was why should we fund backroom staff when we should be funding front-line services?” (Manager, Site 1).

“... they’re [CP] going to tie resources onto, onto service delivery in programmes. They’re moving away from the kind of concept of providing geographical funding to organisations like ourselves who deliver for a community.” (Manager, Site 1).

The potential for such a change and how this marks a departure from area- and neighbourhood-based models for some HLCs is further discussed in relation to strategic development in Chapter Seven (7.4.1) and from wider policy-relevant vantage points in Chapter Eight (see 8.2.1).

6.4.2 Mainstream funding for HLC projects: was it likely and what does it mean?

Attempts such as those discussed above to secure core funding provision appear to represent a form of mainstreaming more akin to ‘bending’ mainstream funding rather than of influencing mainstream agencies (Lever, 2005). In this section, proposals surrounding mainstreaming funding opportunities illuminate further how changes to local structures, and the power held by funders to set parameters for funding disbursement, influenced discussion of HLC sustainability.

In sites one and three, the new framework and funding to address worklessness was found to influence how Centres might be positioned in future. With Centres having been established with remits to improve the health of respective target populations, such funding, in contrast to ‘bottom-up’ mainstreaming identified by ODPM (2004), sought to re-position how HLCs’ work was configured in order to address CPP-defined targets of worklessness. Such suggested reconfigurations resonate with criticisms made regarding the short-term outlook and focus given to producing quick results when mainstreaming is considered (DETR, 2002). In the case of site three, mainstream agencies proposals to continue HLC work and

attention to Centres' fit within a worklessness agenda appear as a top-down directive that was externally defined:

“... although it [the HLC's stress management service] ... sat very much under improving health, it did have a strong contribution to make towards worklessness, em, especially in terms of stress management services. So, the proposal is that we, em, transfer funding that currently sits with the [HLC] to deliver stress management to the worklessness project...” (Stakeholder, CPP(2), Site 3).

This portrayal of mainstreaming could also be seen as a pragmatic response from funders to the availability of funding and, in the case of site three, of efforts to overcome problems inherent in the HLC's functioning. However, it appears that mainstream funds, in this instance, did not attempt to ensure centralised provision of support for the organisation's health improvement remit. Instead, these proposals signified both an attempt to re-direct the future delivery of some HLC services better to address specific CPP aims, and of funders' understandable desire to ensure that some form of organisation remained that allowed additional resources to be brought into the area:

“... we would be keen to say, ... what bits are, are best suited in ... the CHP, eh, and what bits are maybe best left as they are. I think the other thing about like, know, being mainstreamed is ... that we, we don't, eh, hamper any future investment...” (Stakeholder, CHP(2), Site 3).

Stakeholders across sites also suggested that there were a lack of attempts to examine and secure a future within a mainstream funding environment, which took into account the developmental trajectory and community development approaches promoted by HLCs. Such concerns highlighted a historical lack of emphasis by some statutory agencies on HLC sustainability and were suggested to have been a concern at the outset of the programme. Mindful of critiques regarding the lack of emphasis given to attempts to continue existing infrastructure (DETR, 2002), statutory agencies were more widely criticised for what were perceived as historically limited attempts to integrate community-development practices within core budgets:

“... I remember saying at the time [when HLCs were launched], this health board is not taking on the impact of what'll happen in five years' time when the funding ends and they haven't.” (Manager, Site 2).

“...all the funders take this view, that ... they'll go into mainstream funding, core funding from the local authority of whatever. Well, it never happens ... five years was a tremendous starting up period but it wasn't realistic to think that health services and

health boards would, would take it on as a core service.... Our health service, I think, doesn't really have a particular pattern of long-term funding for community sector stuff..." (Stakeholder, CHP(4), Site 2).

Such weak links (DETR, 2002) between some HLCs and their statutory agency funders were highlighted by a stakeholder in site three who discussed the need for HLCs to develop better relationships with local funders in order to secure a transition to mainstream funding. In this instance, the impetus to improve relationships was suggested to remain with the HLC, whereas barriers identified in the DETR report infer that weak links and organisational inflexibility can originate in both mainstream agencies and in projects seeking mainstreaming. Again, this illustrates the power held by funding agencies and how their funding decisions influence the emergent strategising of HLC-type organisations, guiding alignment to external and environmental conditions. Furthermore, HLCs' origins and the 'additionality' argument (see 2.3.2) used to position the programme at the outset was suggested by this stakeholder to act as a disincentive to funding "discretionary" work:

"... there's a lot of groundwork to be done with mainstream services if you're really going to access those funds in, into, eh, what sometimes are seen as being discretionary projects ... there's a lot of relationship building needs to take place if you're going to, em, actually work alongside them ... and start moving some of the funding streams over..." (Stakeholder, CPP(1), Site 3).

Further challenges were faced by HLCs that had had to contend with changes underway within their partner organisations. This resulted in a need to develop new relationships, within the limited period of funding and time remaining, and within newly emerging healthcare structures. Changes within partner organisations and wider structures had led to fracturing of relationships (see 5.2.2) and lessened opportunities to plan for a longer-term future. Although local funders had acknowledged their inability to fully fund any HLC, such changes to working partnerships were suggested to have reduced opportunities to discuss mainstreaming possibilities. In particular, in site two, the changing composition of health boards was suggested to have affected the depth of understanding about the HLC held by decision-makers:

"...[if the new NHS board] had a history of the project ... it would not be in the position that it's in now because they would have been [providing] mainstream funding or working towards it ... is this a community project, yes or no? How must we make it sustainable would have been happening over these five years instead of nothing..." (Stakeholder, NHS, Site 2).

The negative impact of the change in health board and lack of working history were acknowledged by the site two manager. However, the manager further considered that even if the HLC had had a full five years to build relationships that a greater period of time was required to gain the longer-term funding support of statutory agencies. In this respect, and taking account of the continuing flux within the wider health system, approaches to the BLF (see below) were viewed as a short-term method of sustaining an HLC and as a way of allowing further time to build relationships with statutory funders:

“... we’ve got no history with [the new NHS board] at all and I still think we’re still a bit like this extra leg hanging on, wondering where to go. ... In our [new BLF] bid there’s a lot of mental health stuff and addiction stuff and that should be core services and, in a way, that is what should have been happening but is five years long enough ...? No, it’s not. To get to that level of service level agreement ... that was what our next five years, that was my specific [remit] within that task ...” (Manager, Site 2).

Such discussion of mainstreaming and the suggested lack of focus given to HLCs developmental work is indicative of wider criticisms of mainstreaming (e.g. DETR, 2002; Lever, 2005). With limited mainstreaming options available, HLC management were found to turn to other sources of funding in attempts to sustain their approaches.

6.5 Limited options: the BLF “will be our salvation” ... or will they?

With local funding in limited supply few options remained that would enable the provision of funding on a scale necessary to allow HLC-style operations to continue in their original format. Having exhausted local options, each of the three sites initiated approaches to the BLF. Given the limitations of local funding availability, such approaches were considered among the final options for an HLC to be sustained in a format resembling its’ initial five years period of operation:

“Yes, I think a year ago that was my thoughts, they [BLF] will be our salvation... at that time we knew that, obviously our funding was coming, going to be coming to an end, you know, what we’d been given Council-wise was going to be less and, em, the CHPs were, obviously going to be affected....” (Manager, Site 3).

In devising plans to approach the BLF several stakeholders made reference to the historical association of the Lottery funder with HLCs and ways in which it had helped develop the programme over time. Several stakeholders suggested the BLF to be a “primary” funder as it had initiated and originally funded much of the programme. In addition, reference was made

to relationships developed over time, and the BLF's involvement with and in providing funding to initiate the Scottish HLC Support Programme³⁷. Such links perhaps led to an over-emphasis given by many HLC stakeholders to securing Lottery funding (see also 8.2.3), despite the BLF's unequivocal stance stating that there would be no continued funding support for the HLC programme. Although managers were more circumspect and rational in their views of any future BLF funding, several stakeholders likened the BLF to a supportive host institution (Steckler and Goodman, 1989). In this manner, the funder was discussed in ways that contrasted with the struggles of HLCs to establish more mainstream connections to secure funding within existing local health structures:

“...I think the history will be, the history through the New Opportunities Fund [BLF]. I think there's now, I believe, there's a history where there's a really strong, a really strong support network [HLC Support Unit] so it would be crazy not to see that as the primary, the primary key funder” (Stakeholder, CPP, Site 2).

6.5.1 Reconciling BLF criteria, local funders' requirements and the needs of local people

During the HLCs' lifespan the BLF had announced that it was to adopt an 'investor' approach to new funding (BLF, 2005)³⁸. Furthermore (and similarly to other funders) new BLF funding was to be allocated according to an 'outcomes approach' where the focus shifts to an organisation's intended achievements, derived through the identification of long-term benefits and ways in which a project contributes to these outcomes in the short-term. Initially stakeholders voiced uncertainty about whether HLCs could apply for new BLF funds, although it was later indicated, as for other funders, that applicants for Lottery funding would need to adapt their services to fit with new funding guidelines.

“...continuation funding [from the BLF] is available but it's a continuation of provisions that have been developed, not necessarily the continuation of the project as well...” (Stakeholder, CPP, Site 2).

³⁷ The HLC Support Programme was established using a shortfall in BLF monies allocated to the HLC Programme. NHS Health Scotland tendered for this funding and the HLC Support Programme was devised, comprising of three main elements. These are: a networking and capacity building programme; Planning and Evaluation Support; and a strategic development and sustainability element.

³⁸ This approach indicated that the BLF would provide increased advice, guidance and support to organisations before applications were made and throughout the lifetime of projects.

During the process of developing bids to the BLF, Centre managers continued to press for some form of local funding support, seeking to position their organisation within emergent local systems (see 6.2.3). Although BLF criteria permitted bids that requested one hundred percent of funding, the reality for managers struggling to obtain local financial support was different, particularly as the new fund was soon oversubscribed. Further discussion suggested that due to oversubscription, the BLF might seek to limit the number of bids it accepted from those requesting one hundred percent funding (see quotation below). Latterly, politics surrounding funding applications were evident. One such instance occurred when the manager of site two reported how, in response to a BLF request, she had reduced the amount sought by only submitting a bid for three years of funding in order better to appeal to the oversubscribed funder.

“...even speaking yesterday to our current case officer, they were, sort of saying, well, you know, the paperwork says you can apply for a hundred percent but the reality is that they want to maximise the spread of their Big Lottery [funding] so they’re going to give very few large total budgets ... grants to one organisation for a hundred percent of what they’re doing” (Manager, Site 1).

Meanwhile HLC approaches made to the BLF were felt by stakeholders to be affected by the limitations surrounding acquisition of local funding. For each of the sites, CHP and CPP timelines to determine local service provision (and hence how such services might be funded) and the deadlines for BLF applications remained out of synchronisation. As the first quotation illustrates, this made it difficult to strategically plan and position HLCs’ service provision at a local level to aid the development of funding bids. In addition (in the second quotation), such indecision among local funding bodies was thought likely to negatively impact on how the BLF bid might be judged:

“... I’ve been in negotiation for about a year and a half now with the [CHP] to sort of say, can you give us matched funding for a Big Lottery application... For the last year and a half, basically, they’ve been saying, we’ve been through this re-organisation and now you’re part of this wider evaluation of all the health programmes ... we’re not going to tell you how much money we’re going to give you, we’re not, we can’t really tell you the areas you want...” (Manager, Site 1).

“...my worry is ... we’re going to be number sixteen on the agenda again and we’re not going to get it [funding commitment] which will be tragic because if we don’t get much funding from them [CHP] that really affects the bid, I would think. If they [the BLF] don’t see a commitment and I can, I would not blame Big Lottery for that.” (Manager, Site 2).

Determination of local forms of service provision and the political nature of such decisions were of crucial importance when positioning HLCs to secure Lottery funding. Seeking the financial support of the health board to back their BLF bid, site one sought to work within the wider boundaries of the CHP. In conjunction, the HLC sought to distinguish its services as additional to health service provision in order to avoid rejection by the BLF through being considered part of statutory provisioning, particularly if delivering across an identical geographic area. Similar political concerns were evident for site three. Here attempts were made to structure a bid that took account of potential CPP funding directed towards tackling worklessness but also of how Lottery money could not be used in support of such schemes:

“It’s, it’s going to be the wording of this, it’s going to be quite, not tricky but it has to be, it has to be quite politically well done so that Big Lottery Fund accept [the bid], because they are not going to accept employability to fund.” (Manager, Site 3).

Further restrictions on HLCs’ opportunities to apply for BLF funding were voiced by stakeholders who drew attention to the different criteria applied by funders such as the BLF to those specified by local funding organisations. Discussed in more detail in relation to HLC identity (see 7.4), the perceived need to position bids for funding according to the demands and systems put in place by local funders were considered threats to HLCs developmental ability to respond to local communities’ needs. While able to envisage a fit with BLF funding criteria, stakeholders suggested that community development features seemed of lesser concern to local funders than the applied economics of CHP-determined clinical needs which required “quick and fast solutions” (Manager, Site 3):

“... if say we look at the Big Lottery and say they want to do work with older people But the NHS is sort of saying, well, actually, we’re interested in reducing our pharmacy and/or acute services. ... so there’s that kind of clinical kind of viewpoint of the CHPs versus a community-based health intervention kind of model... We’re there to respond to the need of the local kind of community but they’ll [NHS] not fund us if we don’t set [address] their agenda” (Manager, Site 1).

6.5.2 How to make appeals to the BLF: “re-badging” HLCs

During development of bids to the BLF discussion among stakeholders highlighted each HLC’s consideration of both funders’ and local people’s needs. Drawing attention to the process of “re-badging” that new funding often entailed, the manager of site one considered

how the Centre's existing work might be mapped onto new requirements under the BLF's Life Transitions funding stream:

“... at the moment we have lifestyle change, mental health and well-being and community development work. I could have a programme that sort of says, community, community transition programmes, where we empower local people from a transition of being unempowered to being empowered.” (Manager, Site 1).

Such comments reflect the need, often indicated in studies examining CCIs (e.g. Cornerstone Consulting Group, 2002) and other voluntary organisations, to respond opportunistically to funders' criteria rather than being able to develop their own strategic funding patterns (Coule, 2004). Such a process was suggested to be “a wee bit frustrating” by the manager of site one, as he reflected upon the amount of work undertaken to develop the submission of a bid, especially where he considered there to still be a need for similar services to those previously provided. Latterly, site one was thwarted in its submission through having been unable to obtain concrete information about CHP/CPP funders' requirements for local service provision. At various points, sites one and three appeared to be caught in a loop with their BLF bids which appeared stalled while awaiting clarity from local funders regarding future formats of service provision and of how local organisations would be contracted to undertake this work:

“So, we've had a preliminary talk with the Big Lottery Fund. From that we've discovered that we need to put in two application forms, two separate business plans because we fit into two different categories. ... we've also got to say where we sit with the, em, other strategic partners in [the area], basically, you know, have we got a service level agreement to do A, B and C or is this in partnership with someone else? So [we know] where we fit strategically for future planning.” (Manager, Site 3).

The need to position a service that appealed to local people, which met with funders' criteria and which sought to avoid creating a perception that BLF funding might subsidise NHS provision, was of concern in site two. Having agreed a funding package with the CHP, site two was in a unique position, relative to the other sites, of having had an outline bid accepted and having been invited to submit a full bid to the BLF. Seeking to retain an HLC-type generic level of service provision, the bid specified a number of target groups along with attempts to address general health needs to limit stigma facing service users (see Rankin et al, 2009). Having sought to retain a broad spectrum of HLC-style work it is evident that site two's bid marked an attempt, however futile, to overcome the need to opportunistically realign to meet new funding requirements:

“... [the BLF representative] crucified me on having a wider community... my taking from it, David, is they want to see one target group. ... What we’ve got is a mixture of target groups and they didn’t like that and we also had a wee bit of the wider community, which is an umbrella for folk to sneak in under. Uh-uh, ain’t going to happen...” (Manager, Site 2).

Such attempts by sites to retain flexibility and how this relates to discussion of sustainability are explored in the following chapter.

6.5.3 Decisions pending: the need for bridging funds and synchronisation of local projects

Continuing problems related to the management of site three led to the curtailment of efforts to secure future funding from either the BLF or local funders and a decision was taken to terminate the project at the end of its HLC funding. In other sites, having raised concerns about a “gap period” and subsequent “limbo state” (Manager, Site 1) when approaching the end of BLF funding, both Centres were granted bridging funds from local partners. The amounts provided and reasons for the provision varied for each site. For instance, site one was permitted to draw on month-to-month funding as part of a wider realignment of local community projects’ funding schedules. Such monies were drawn from a funding pot leftover from a city scheme which had established HLC-type organisations:

“... in my area alone, there are thirteen projects, eh, or healthy living initiatives. There’s a stress thing or there’s health intervention programmes all delivering on the community planning and the [CHP] agenda. ... So therefore, a mechanism, you know, to carry us to the end of the current financial period was, was a, something they decided, but there was no proviso’s based on that... although we’ve been funded to the end of this, this financial [year], there’s no guarantee that we’ll be funded [in future].” (Manager, Site 1).

Although no guarantees of future funding were given, the provision of such bridging funding was indicative of the difficulties faced by projects, such as the HLCs, seeking but unable to obtain confirmation of local funders requirements regarding work to address health outcomes. Pending decisions on local outcomes, site one stakeholders anticipated being in a position to submit a bid to the BLF from whom the bulk of funding was sought. Discussed in more detail in Chapter Eight (see 8.3.1), the difficulties surrounding ascertainment of local outcomes was used as a central argument in HLC Alliance approaches to the Scottish Government and requests for a funding pot to allow for further discussion with local funders to take place.

Meanwhile, delays in the submission of site two's BLF bid and subsequent postponement of the BLF decision-making panel led the local CHP to provide non-recurring funding to enable this Centre to continue operating in the interim. Such provision of funding illustrates how the local CHP supported but was unable to provide the full funding necessary to allow operations to continue. As the manager reports, the limited funding provided enabled her strategic role to be retained in the short-term although this did not stretch to delivery of services:

"I had a month to month contract from March till the end of July, every month they renewed it and then, in July, I got three months till the end of October and then in October they gave me another three months and, basically, that was just nursing it because Big Lottery kept putting [the decision panel] forward. ... So, they've basically been doing that to put off the evil moment of, if we don't get the money ..." (Manager, Site 2).

6.6 Summary

The accounts contained in this chapter exemplify the challenges faced by HLCs seeking funding. Findings illustrate the delicate balance and political nature of discussions undertaken in attempts to position organisations to enable receipt of limited local funding while ensuring options remained open to apply for larger pots of funding. Often evident were the clashes between a desire to continue flexible processes to respond to communities' needs with the reality of new funding constraints which directed attention to approaches more focused on particular target groups or forms of service delivery specified by funders. HLCs were often found to face limitations in their ability to demonstrate effectiveness, particularly when consideration was given to clinical outcomes by potential local funders.

Potential provision of mainstream funding was associated with 'bending' new funding packages and adapting of HLC services, with less emphasis given to community development foci. While BLF funding was one of few viable funding opportunities, agreeing a strategy to address local funders' priorities, seeking BLF funding and continuing to address local needs seemed incommensurate. Throughout, managers and stakeholders' accounts were illustrative of an emergent approach to strategy (e.g. Miles and Snow, 1978) that had to take into account yet to be fully determined structures, hence limiting ways in which sustainability of funding was considered. While this chapter has begun to explore influences

on strategic decision-making, further consideration of HLC stakeholders' formulation of strategies and the constraints that they faced are explored in Chapter Seven. This chapter also explores the ways in which the identity and ethos associated with each HLC came to impact on stakeholders' consideration of strategies to sustain the organisations.

7. THE IMPORTANCE OF STRATEGIC DIRECTION FOR SUSTAINABILITY: WHAT IS CONSIDERED WHEN LOOKING FORWARD?

7.1 Introduction

Drawing on wider strategy literature (e.g. Whittington, 1993), strategic choices made by HLC management are considered as part of a dynamic process which takes into account the wider and changing structural frameworks within which Centres operate and the shifting nature of organisational politics (Lewis, 2002; Dawson, 2003). Influences on strategy development are evident within the literature on programme sustainability. For instance, the founding principles of a programme are likely to influence strategy as Mancini and Marek discuss how a sustained programme maintains a focus “consonant with its original goals and objectives, including the individuals, families and communities it was originally intended to serve” (2004: 339). It is also necessary, particularly when considering mainstreaming, to consider how sustainability strategies are affected by attention given to the compatibility of programme activities with the host organisational sector as Shediak-Rizkallah and Bone (1998) discuss when exploring institutionalisation.

In this analysis the dynamic approaches adopted by HLC stakeholders are paramount, where organisational practices are both enabled and restricted by the social and cultural context in which they are embedded (e.g. Burnes, 2004). Such organisational practices, it is suggested, can both reproduce or change the context, both influencing and being influenced by it (Scott, 1998; Whilhelmson and Doos, 2002). The following quotation, made during phase one of the evaluation when a former manager was in post in site three, illustrates how strategic decision-making had to take into account local/national contexts and changes within operating sectors alongside the evolving needs of local areas/communities:

“Planning for the future? I think it’s very difficult because you have got two ways of looking at that. ...these are the national directives [of central government] that are coming out and these are the [community] areas that we need to work in ... [HLCs need to have an] understanding of both but put those together in a manner that reflects the role of the funders and the needs of your funders, reflects the needs of the service users and also reflects the environment in which you are working. And I think that is a challenge.” (Former manager, Site 3).

Taking into account Centres’ roles as platforms for innovation (see 2.3.4) this chapter begins by examining *HLCs’ influence on strategic settings*. Here, I explore how HLC managers

sought strategic roles in local health sector settings to influence the parameters by which their work might be appraised and their organisations sustained. In the second section I examine *systemic limitations on HLCs' strategic influences*, initially exploring how Centres' different forms and construction enabled and restricted their wider strategic remits. This is followed by an examination of the strategic remits of HLCs' management groups and concludes by exploring the strategic roles of Centres' managers and the constraints they faced. The second section then examines how sector restructuring gave rise to *efforts to conserve HLCs' identity and ethos*, through exploring attempts made by stakeholders to protect Centres' flexibility, innovative capacity and ability to respond to local needs. Attention to HLCs' historical development and service delivery practices is further explored in an examination of efforts to secure the future accessibility and acceptability of Centres for existing target groups. This section concludes by exploring how restructuring presented threats to the community development practices devised and undertaken by Centres, and of stakeholders' attempts to preserve these functions.

7.2 Finding and creating a fit: HLCs' attempts to influence their environment

Of importance within the sustainability literature is the focus on responsiveness of programmes to local communities, which takes into account the need for wider adaptations in order to continually meet changes within the local social and political arena (Åkerlund, 2000). Institutionalisation debates (and arguably mainstreaming, too), considers adaptation to best be served when project and organisation change in interaction with one another (Berman, 1978). HLC management might take into account the past, present and changing internal and external contexts in which the organisation operates (Dawson, 1994). With this in mind, strategic choice is considered a dynamic process (Child, 1972; 1997), with strategy changing to reflect different circumstances faced. Literature on strategic choice emphasizes how managers might influence the contingencies that the organisations face (Burnes, 2004), often engaging in political activity (Dawson, 1994; 2003; Lewis, 2002).

Such a contention recalls the structurationist arguments made by Giddens (Giddens, 1984) (see 2.4.2) and highlights the agency of HLCs and their roles as platforms for innovation (Bridge Consortium, 2007) working within and influencing existing structures and working practices. Similarly, early consideration given to HLCs by Accenture (2004) suggested that

attention to mainstreaming might take into account how HLCs' experiences and work could be used to reshape and refocus statutory agencies' roles and responsibilities. Thus, future sustainability could be influenced by the actions taken by HLCs to affect their environment during their operational lifespan, better to position how their work and organisation might fit in future.

7.2.1 Structuring structures: HLC attempts to effect changes within strategic landscapes

Throughout the lifespan of the HLCs, managers have been engaged within wider networks and partnerships, seeking to maintain and further develop relationships with local organisations, and with existing and potential funders within their host environments. Early in the evaluation, as discussed by the manager in site one, attempts to fit within existing health structures, and accommodation of new policies, seemed to be prompted by the adoption of classical and rational approaches to strategic choice (Whittington, 1993). Here, HLC attempts to fit within wider structures took into account how the local community health agenda, along with other agencies' policy frameworks and their location within the broader health system, influenced the HLCs' work and development:

“...everything we try to do, we try to fit within a strategic framework. We try not to do anything or very little in isolation. We, we work from the community health agenda point of view within the [local] health forum, eh, we work within our local LHCC agenda, eh, we work within [location A] ... Healthy City Partnership agenda ... so that [what] we are looking to do is sit within those kind of frameworks. ...” (Manager, Site 1).

Over time, as new policy announcements were made (e.g. Scottish Executive 2003a) and as it became evident that new health structures (e.g. CHP/CPPs) would come into effect, stakeholders' discussion highlighted how strategic choice increasingly incorporated evolutionary approaches (Whittington, 1993). Such changes within host environments in turn affected HLC stakeholders' strategising. For example, Child discusses how strategic choice is informed by actors' prior cognitive 'framing', dependent on embedded routines and cultures. Taking into account changing environments, cognitive “*re-framing*” (1997: 60, *italics in original*) varies according to environmental circumstances, key actors' characteristics and the relationship between both. This, Child suggests, can be seen as an example of 'structuration' (Giddens, 1984). While actions taken by HLCs are bounded by settings within which Centres are embedded, cognitive, material and relational structures are

thought able to impact on, modify, and redefine these structures in practice, thus permitting alternative possibilities for future action (Burnes, 1996; Child, 1997).

Several examples exist where HLC stakeholders sought and obtained roles that influenced and effected changes to the constraints of the environment in which Centres operated. With HLCs established in advance of major restructuring, CPPs and CHPs were considered by some to offer HLCs a dynamic opportunity to help inform these new structural frameworks' development. Such involvement was initially suggested by stakeholders to offer scope for HLCs to influence and better to fit their work within emerging partnership agendas (see first quotation below). As implied, such actions could help gain support for particular HLC positions (Burnes, 1996) and allow for future strategic roles within these structures. More broadly, when questioned about the community development function of the HLC, the manager in site two (see second quotation below) outlined how she considered this feature of her work to be informing the understanding of such activity within newly implemented CHPs:

“No, there's a lot of strategic stuff as well. It's not just joint activities, like we help say the SIP, we help them facilitate some workshops for their community, the engagement process to do with the local community planning, going towards community planning. So then we helped them do that and then so we fed our information into that process So it's strategic stuff as well...” (Project worker, Site 1).

“[Community development work within the HLC involves] working with the locality management group and taking forward the whole LHCC³⁹ into community health partnerships” (Manager, Site 2).

In the case of site one and indicative of a systemic approach to strategy, a CHP stakeholder suggested that the HLC manager had influenced the evaluation approaches to be taken by the emerging CHP. Such an approach was likely to be beneficial in gaining support for working practices and evaluation methodologies used by the HLC (Burnes, 1996). Furthermore, reactive and pragmatic strategic approaches, indicative of an emergent approach to strategy (Whittington, 1993), were in evidence. Here the involvement of the manager in assisting development of CHP structures was suggested, through his proximity (Burnes, 1996) to decision-making structures, to have enhanced managerial awareness of forthcoming changes to how funding might in future be allocated. This prompted consideration of how Centres might respond to new needs that took into account larger demographic boundaries originating from sector restructuring:

³⁹ LHCC – Local Health Care Co-operatives were succeeded by Community Health Partnerships

“... I think they’re very much involved with the shadow health improvement team of the community health partnership ... how we should be working or how, what he, what’s [the manager’s] ideas of how we should be working. Looking at the LEAP⁴⁰ training, looking at the way that we evaluate our projects, em, and ... just as another professional actually, just bringing his contribution to what he can bring to health improvement. Em, and I think also it maybe gives them an opportunity to look, maybe outside the [original] area too because we’re working as the shadow health improvement team across the whole of [an area of the city]” (Stakeholder, CHP(2), Site 1).

In further evidence, in this instance of systemic approaches (Whittington, 1993) and highlighting how ‘actors’ characteristics’ (see Child, 1997) might influence strategic choices, the manager in site two was noted to have assumed a personal interest and involvement in remaining abreast of wider strategic developments. Such roles, also provided opportunities to influence the contingencies faced by HLCs (Burnes, 1996). In the following quotation, an interest in strategic-minded work was considered a personal attribute of the manager, which had been developed over time in previous roles and is something that she is considered to have ‘brought’ to the HLC:

“...it’s [strategy] an area that [the manager] has got a lot of personal links, a good network, so she’s involved at health board level, she’s involved with quite a number of groups on the mainland and that’s something that [the manager] brings to the HLC. Now whether that’s just specific to [the manager] or specific role that she’s in, I’m not quite sure.” (Stakeholder, CPP, Site 2).

Other findings illustrated how environmental circumstances affected strategic opportunities. For example, while some managers had actively sought and developed strategic roles, such opportunities that were available differed between sites. So too did the capacity of some managers to effect changes within newly developing local structures. In contrast to managers in sites one and two who had input to CPP/CHP development, stakeholders in site three were more ambivalent about the role that this HLC had in helping shape wider structures. Instead, at an early juncture, stakeholders discussed how strategic choices were ‘faced’ rather than made by this site. Strategic choice was constrained by external funding parameters, as potential funders discussed how this Centre would have to react and respond to changes in its local environment. As noted in previous chapters, the political power held by funders in site three sometimes constrained the strategic choice of HLC management:

⁴⁰ LEAP – Learning Evaluation and Planning. See: http://leap.scdc.org.uk/leap-framework/?sess_scdc=a56ca96f0f01f524ea3d0a6fff726af4

“Yeah, I think one of the keys to sustainability though for the organisation, ... what it does need to do it does need to be cute in knowing what different agencies’ agendas are for, e.g. the health improvement plans, you know [it’s] useful to know where you fit into that so you can go to the health board and say that’s what you are saying you are going to deliver and we can deliver it for but you need to pay (Stakeholder, CPP(3), Site 3).

As this section has highlighted and as will become evident in the remainder of this chapter, the dynamic view accorded to the relation of agency to structure and to environment was in part informed by the embedded routines and cultures associated with HLCs’ management and stakeholders. The following section explores in more detail how sectoral, organisational and actor characteristics affected strategic choices within HLCs.

7.3 Challenges and limitations to HLCs’ formulation of strategic choice

Despite HLC managers’ systemic attempts to help shape the development of local structures, the continued evolution of CHP/CPPs was found to limit strategic choice as the influence of power relations increasingly came to the fore. Over time, managers were constrained by wider contextual features which required that they remained responsive to changing environmental conditions (Whittington, 1993). Furthermore, engagement in political action (Dawson, 1994) was often necessary to ensure that what stakeholders considered to be in the best interests of the HLC remained to the fore.

7.3.1 Systemic limitations on HLCs’ influence: “...we’re just a project, one of many...”

Taking into account the types of HLC structure that were formed (see Chapter Four and Appendix 1) different opportunities to engage with (and influence) wider health organisations/environments were available at each site and at different times. These strategic opportunities were and became available depending upon: the type of HLC established; the geographic area covered in relation to the boundaries of statutory agencies; and, the size of an HLC. Furthermore, opportunities to influence structures were affected by the particular efforts of and opportunities for site managers to secure representation for their HLC within newly established partnerships.

Specific limitations in obtaining roles to engage and influence wider structures faced community-led HLCs (sites one and three). In both sites, their establishment as community-led and independent organisations appeared to offer fewer opportunities for Centres to influence new partnerships. Geography had a significant impact as these sites were established in areas where there were many pre-existing community organisations and structures. Many strategic roles were therefore already being fulfilled, lessening opportunities for HLC managers. In site one, the prior existence of and strategic roles initially undertaken by the SIP had meant that the HLC had been constructed and was considered by funding organisations mainly for its operational delivery roles rather than for how it might influence wider healthcare strategy (see first quotation). To overcome this limitation and taking account of HLC work which influenced evaluation methodologies used within wider partnerships (see above), the manager highlighted how he had made attempts to secure strategic roles using a ‘back door’ approach (see second quotation):

“I don’t think that the [HLC] particularly has a role in, em, leading partnerships in the [area] because I think that that’s the role of the Social Inclusion Partnership and the [HLC] is one of a whole number of individual projects ... that are part of the make-up of the area...” (Stakeholder, CHP(1), Site 1).

“...part of the challenge we’ve had is that, you know, because of the, the complexity of the [city] kind of model, you know, and all the bickering and ... fiefdoms that have, kind of, been set up, we, we could’ve been set up as an umbrella organisation but there would have been such political uproar that they [local funders] decided that no, we were here about the service delivery, whereas ... what they should’ve done is had a, a strategic role, or an overtly strategic role, rather than us doing it, but in the background.” (Manager, Site 1).

In contrast, site three’s geographical boundaries did, toward the beginning of my fieldwork, have a bearing on the manager’s ability to affect development of wider CHP/CPP structures. Here, the overlap in geographical coverage between CHP/CPP structures and site three’s boundaries initially enabled the Centre manager to obtain representation at a health improvement sub-group of the then newly developing CPP:

“...there was the joint HIP [health improvement plan] which was Council-led and then there was the health strategy group of the SIP. And because they’re coming into community planning, they’ve now merged that group and we are the only funded project which has representation in that group, and sits on that group, which is quite an achievement to be perfectly honest. And I was asked to maybe think about standing down and I sort of went away and thought about it and thought about it and thought ‘No’ (laughter). You know, if we are a health improvement player in this... we’ve got to have a say...” (Manager, Site 3).

Although highlighting the strategic importance attached to attending such groups, the manager in a subsequent interview noted how the HLC had been asked to stand down from this group. Being the only funded group in attendance was viewed by certain CPP stakeholders as inappropriate and likely to unduly advantage the HLC over other funded bodies. This funding conflict ultimately led to HLC representation on this strategic group being rescinded. Such practices illustrate how the structuring of environments can constrain strategic choice as the HLC manager was bound by the norms of appropriate conduct and allocation of roles determined by more powerful sectoral agencies (e.g. Whittington, 1988). Here, constraints on the manager's opportunities to attend and input to certain strategic meetings arose because of a conflict of interest that ostensibly contravened the 'firm-in-sector' practices (Child and Smith, 1987), which in this instance related to funding. Moreover, such actions highlight the unequal power relations that existed (e.g. Pfeffer, 1992) whereby HLCs' strategic opportunities were in-part determined by more powerful funding bodies.

Meanwhile, over time and as new structures took shape, stakeholders in site one found that their geographical remit further limited opportunities to engage with new partnerships. Contrasting how previous SIP structures (with overlapping geographical boundaries) had given them "a seat at the table", the manager conveyed how the emergence of larger CHP and CPP structures limited such opportunities. As larger CPP structures were implemented, so the HLC became one of a number of organisations competing for acknowledgement and struggling to determine an organisational fit (Steckler and Goodman, 1989) (see first quotation below). Further constraints on managers' strategic choice were brought about by new sectoral practices (Child and Smith, 1987) as local health care co-operatives merged within CHPs and as power relations shifted. These changes were associated with a reduction in some HLCs' overlapping geographical coverage with CHP/CPP boundaries. As the manager noted (see second quotation below), even prior to CHPs being fully implemented, their development restricted opportunities to cultivate champions (see 5.2.2) with potential funders:

"...we're just a project, one of many... so therefore, you know, how do we, how do we engage with the strategic part [of community planning]?"

"...one of the challenges we've had is for three/four years is actually building meaningful relationships with the health board because as a project we only cover, we cover less than ten percent of the community health and social care partnership area" (Manager, Site 1).

Whereas the size and power of the local CPP/CHP structures made it difficult for sites one and three to gain a strategic foothold, the structure and geographic remit of site two enabled its manager to obtain potentially influential strategic roles. In this location the local health board and CPP structures operated using a locality-based structure. One of the localities mirrored the boundaries operated by the HLC, which enabled the manager to obtain a role for the HLC partnership to form and lead a ‘public health network’ reporting on its work to the CPP. Akin with arguments made by Pfeffer and Salancik (1978), the HLC’s lead of this network offered some opportunities to control resources and hence provided the Centre with a degree of influence in how CPPs developed:

“...each area has a local public health network ... [in this location] where there is a healthy living initiative, they’ve taken a lead in that and where there aren’t healthy living initiatives, there’s been more of a struggle...” (Stakeholder, CPP, Site 2).

However, despite this strategic role, the wider health improvement group was considered to lack “clout” (Stakeholder, CPP, Site 2) within the CPP. Few other strategic opportunities were available, while the limitations faced at the time when stakeholders were exploring sustainability options were made evident. Potential funders held power positions (Pfeffer, 1992) that enabled them to set parameters by which HLCs might engage with wider structures. In the example below the HLC manager was not permitted to speak directly to the CHP board, which, taking into account known problems in demonstrating effectiveness (see 6.3), was felt to limit the extent of appraisal that could be given to work undertaken by HLCs.

“...it would enhance the information base within the CHP if they would bring more of the kind of local developments into it but that, the kind of barriers that are thrown up in front of [the manager], she’s very disappointed because we know fine [she] could do a very, very dynamic presentation that would give the wow factor...” (Stakeholder, CHP(4), Site 2).

Directly linked to experiences of having restricted opportunities to present a case to the CHP, when pitching a new bid for BLF funding, the manager highlighted the importance associated with creating dynamic and “lobbying” roles in any future permutation of Centre. Such positioning again draws attention to structurationist (Giddens, 1984) arguments. At the same time the manager’s statement draws attention to limitations evident in many HLC models and emphasises the importance felt to be associated with opportunities to influence wider structures to improve future strategic choice:

“... so, that is an objective ... If I’m not able to lobby at these meetings how are we going to, how are they [funders] going to recognise us, we would just go away, you know. If it’s just me and here I’m managing sessional workers, out doing all the different things, we’re going to lose the [strategic opportunity]” (Manager, Site 2).

As the latter points of the quotation given above illustrate, managers often performed multiple roles, including attempts to ‘reframe’ strategic choice. I return to explore managerial roles in section 7.3.3. First I turn to contextualise managers’ roles within community-led models of HLC.

7.3.2 Limitations facing management groups seeking to exercise strategic choice

As illustrated throughout Chapter Five, HLCs were confronted with an evolving health and community care system to which they needed to reconcile their forms of service delivery when considering sustainability. Remaining reactive to CHP/CPPs, the accounts of management group representatives in sites one and three, comprising lay people, illustrate how power relations influenced strategic constraints. Here, external contextual factors in the form of government legislation (Dawson, 2003) which had introduced CHP/CPPs, was associated with management groups’ uncertainty regarding how HLCs might exercise strategic choice. In this instance, strategic decisions about HLCs’ future models of work were contingent upon decisions yet to be made by powerful funding agencies:

“This is one of the things that we need to sit down and find out where everything is going to be coming from and who are going to be the main players and the impact that they will then have on the [HLC]. Are they going to be able to let the [HLC] run itself the same as it is now to get what’s best or are they going to want to have more of an input if they’re putting money in?” (Board member, Site 1).

“...I recognise that’s difficult for the board because sometimes they just want you to say, this is what’s happening for sure, do you want to be involved or do you not and ... that’s not what we can do for the moment....” (Stakeholder, CPP(2) Site 3).

Throughout the lifespan of HLCs, those operating community-led management groups faced challenges associated with ensuring appropriately skilled knowledge bases among community representatives. This internal context, in the form of administrative structures (Leavitt, 1964) constituted part of the culture of community-led HLCs, which sometimes limited the exercise of managers’ and local partners’/stakeholders’ strategic agency (Child, 1997). Here, management groups had to respond to the introduction of CHP/CPPs and to

ascertain their effect on the future of the organisation. This was indicated to be a major challenge for community boards not versed in the terminology, changes and machinations of emergent health systems. In this form of organisation, the process of determining and ability to effect strategic choice was limited by the skill set of those serving on management groups:

“...it’s fine if you’re used to working in this environment ... if you’ve got a background in health or community development ... but if you’re a community person who’s a plumber, you come in here and ... telling you the difference between a community planning partnership, a CHP and [the local] city council, you know... it’s taken us five years to get some of our board up to the difference that they recognise that there’s no [longer] such [a] thing as an LHCC and even then [in the past] they weren’t a hundred percent sure what the LHCC was.” (Manager, Site 1).

Although the difficulties in ensuring community board members’ understanding of the issues brought about by the implementation of CHP/CPPs were evident in both sites one and three, differences were found in managerial responses to address deficits in board capacity. Discussing the difficulties of managing an “overly ambitious” project, a CPP stakeholder went on to suggest that board members in site three had dedicated little time to planning for sustainability. In the first quotation, and highlighting how board members often had to “fire-fight” (Stakeholder, CPP(1), Site 3) a board member drew attention to the lack of training received and inadequate knowledge held by the management board (see first quotation below). In contrast to knowledge gaps evident in site three, the manager in site one sought to enhance knowledge of this Centre’s board members to improve the board’s capacity to exercise strategic choice (see second quotation below):

“I think there should be more training for board members because there is a lot of, there could be a lot of pitfalls ... I think training for board members, you know, actually just to let them know, it would’ve been great to sit down and know exactly and, and maybe see exactly everything that the [HLC] have done” (Board member, Site 3).

“... [the manager is] due to have people coming in and talking to us [the board] about what it [CPP/CHP developments] means for us as a board and how we can fit into everything” (Board member, Site 1).

In site one, over time, attention to addressing the board’s internal knowledge constraints through capacity building (e.g. Hawe et al, 1997), was felt to have helped develop “an engaged governance mechanism” (Manager, Site 1). Here, a managerial tool known as the ‘Big Picture’ was used to bring board members and local funders together to discuss strategic decision-making and thus limiting the unpredictability associated with community or bottom-up activism (Schofield and Sausman, 2004). While both sites’ boards faced

continued environmental constraints, it seemed that capacity-building in site one helped overcome knowledge deficits and challenges sometimes associated with recruiting the “right” participants (Scott, 1998: 187) when approaching lay people to sit on a board (see first quotation). Only latterly did site three seek to improve the skill-set of its board, which in this instance involved selective approaches made to community members with specific skills and latterly the employment of an external consultant to help build capacity. Lacking the development and support given over time to the board in site one, board members in site three were felt to lack an understanding of the constraints of restructuring (see second quotation):

“...I think we ought to be, eh, proactive as opposed to being reactive to these things. ... We don’t know what the, the position is yet with this [community] planning thing. I don’t think they do and we want to be ready.” (Chair of the board, Site 1).

“...there isn’t a sort of strong sense, from that Board, of direction and there’s some good people there, they’re enthusiastic and there’s some Councillors and things and ... the heart’s in it but, but they don’t really have the background to know, I mean, what the options would be.” (Stakeholder, CHP(1), Site 3).

Differences in functioning between sites’ boards impacted on views held about the HLC by local funders. In site three managerial “in-house conflict” (Project worker, Site 3) and historical problems related to the Centre’s size (see 5.3.1) was noted by stakeholders to have affected the reputation of the Centre among key funders. In contrast to the “healthy lessening” (Stakeholder, CHP(1), Site 1) of time spent assisting the board by funders in site one, “incompetency” (Manager, Site 3) among members and several iterations in board composition were felt to have detrimentally affected organisational governance. Although action had been taken to encourage more skilled people to join the board in site three, funders remained actively involved throughout. In contrast to positive views with regard to engagement of board representatives in site one (see first quotation) staff members in site three raised concerns about how board members’ limited knowledge hindered effective decision-making (see second quotation):

“...we have, two or three times a year [Big Picture sessions] where our board, you know, feel that they’re part of the focus of what we’re doing, where we’re involved in planning ... the board are keeping up with the staff kind of thing” (Manager, Site 1).

“I don’t think they [board members] still understand what the project’s about still. I don’t think they do, so how can you make decisions about pieces of work if you don’t even know what is underpinning those pieces of work or what they’re aiming to achieve, because they don’t” (Lay health worker, Site 3).

In conjunction with stakeholders' qualms about the effectiveness and skills-base of this board, it was suggested that site three bore resemblance to what was termed in the voluntary sector as a "fake organisation" (informal communication, external consultant to Site 3). In effect, this is a form of organisation instigated and controlled by funders in order to meet their own objectives. These views met with some agreement among HLC stakeholders (see first quotation below). Furthermore, such views accorded with board members' opinions regarding funders' proposals to separate the service delivery and community development functions of the HLC (see 6.4.1). Described as a "fait accompli" (Treasurer, Site 3) board members discussed how it was funders who guided decision-making rather than the local community (see second quotation below):

"...we'll give you this money, we'll make you a voluntary organisation, but don't think that you've got any say in what we do" (Stakeholder, social work, Site 3).

"...I've got the feeling that, you know, they're pushing towards the CHPs ... as much as I like [the CHP funder] you can see that his plan is ... to break it up ... I'll take the icing and you'll be left with the sponge..." (Board member(1), Site 3).

In these latter quotations, the political activity and power of funders to frame consideration of strategic choices available to management boards became increasingly evident (Lewis, 2002). Attempts to overcome such limitations were evident in the actions taken by the manager in site one and discussed above. Further analysis, examined below, considers how the role of the manager was vital in influencing strategic choice across both community- and statutory-led HLCs.

7.3.3 Strategic roles of HLC managers

With leadership competence and expertise identified as features that aid sustainability (e.g. Stevens and Peikes, 2006) managers of organisations such as HLCs are suggested to have a crucial role in exercising strategic choice (Burnes, 1996). In this study, the dichotomous roles undertaken by HLC managers in attempts to guide the organisations both operationally and strategically require examination. Dual roles are suggested to constrain managerial choices, particularly in terms of cultural and institutional norms that affect managers' interpretive mechanisms (Child, 1997). In addition to external constraints, 'action determinism' (Whittington, 1988) refers to actions being "selected according to in-built

preferences and information processing systems [of actors]” (1988: 524), which, in turn, are affected by scarcity of information and managerial capacity (Child, 1997).

Throughout the evaluation managers were noted to be responsible for strategic positioning while ensuring that the activities/services of the HLC were responding to the needs of local people (Platt et al, 2007). Differences were found in the capacity and ability of managers to perform this dual role, with several managers suggesting that developmental functions were more preferable than strategic work. In site three the manager had originally held a service development role and acknowledged that this was what provided her with a “buzz”. In the example below, the manager’s focus on a developmental role can be considered to form a “pre-determined mindset” (Child, 1997), potentially inhibiting consideration of strategic decision choices such as those mooted in CHP/CPP proposals:

“... it’s been big learning curve, personally, to come from the development sort of role into the strategic role. I mean, there’s still times when I really want to get back to hands on in the development because that’s the bit that, that gives you buzz, that gives you the, em, the joy when someone says something about this being the best or this has been the impact on my life ... and I think I miss that at the strategic level, I get that second hand through staff.” (Manager, Site 3).

Given the dichotomy of roles and the site three manager’s preference for operational and development work, it is perhaps not surprising that a distinction was made between managerial strategic responsibility and that of the board. Managers in both sites one and three acknowledged that decision-making power resided with the board of lay stakeholders. However, it appeared that less support (see 7.3.2) was provided or available from within site three and a greater onus placed on its board as the final arbitrators of strategic decision-making. Furthermore, a stakeholder drew attention to the manager’s ill-health and the “inconsistency that brings, if people are off quite a lot...” suggesting that her absence had exacerbated board governance problems. Arguably, and taking account of findings highlighting the board’s knowledge deficits, the position adopted by the HLC manager in site three, made it possible that poorly informed decisions might be taken by an un-skilled board:

“Em, what next, well, you see, it really depends what the board wants to do, doesn’t it? they’ve [the board] got to take that decision.... It’s a difficult one. ... Now, as [the support contract] has sort of tried to put over to them, you have to ignore what the funders are, ... what they’re developing in a way. You’ve got to look at core principles of do you want to exist as board; do you want to exist as an HLC?” (Manager, Site 3).

As the quotation above illustrates, scarcity of information (Child, 1997) coupled with the knowledge deficits of a poorly skilled board, was likely to have inhibited the range of choices that management might consider. Scarcity of information also inhibited decision-making in site two. In contrast to site three, an over-reliance was placed upon the manager to take strategic decisions, despite the existence of a wider management group comprised of partner organisations' representatives. In site two the manager was the instigator and main driver underpinning the development of the original business plan, project reporting and future strategic development. However, the manager felt that too much responsibility had been placed in her hands and that without her presence few decisions were made:

“...I’m still too much of a focus, if you like, or a figurehead, that if [I’m not] here, so it can’t happen, so cancel that meeting. And that doesn’t need to be the case” (Manager, Site 2).

Latterly, an over-reliance on the manager’s strategic role was suggested by the manager to have limited the choices surrounding sustainability. In particular the manager highlighted the dominant focus on attempts to secure one source of funding from the BLF (see 6.5). This contrasts with literature on sustainability of programmes, where a focus is given to identifying a range of funding sources (Åkerlund, 2000). In site two personal matters were noted by the manager to have led to an extended period of managerial leave that was associated with little focus given by other management stakeholders to exploring sustainability issues and funding diversification in her absence. Given the “figurehead” role discussed above, it is arguable that the onus placed on the manager’s role by the larger management group brought about a situation which inhibited their strategic decision-making capabilities. As Child (1997) suggests, this management group were likely constrained by only having access to limited information having divested decision-making responsibility to the Centre manager:

“... I think here the partners, in a way, have got a bit too complacent and a lot of that is down to my fault, just getting on with the job and doing it and making things happen ... again, it boils back to me not being on this planet since April. I think, if I hadn’t been away this year things would have been very different and I would have been ploughing along, you know, like a train as usual and there would have been a lot more stuff in place but I can’t change that” (Manager, Site 2).

While the site two manager’s previous employment history aided her heightened awareness of strategic matters in general, strategic choices often relied solely upon her skills. In contrast, the manager in site one, who although also benefiting from a background that

facilitated a strategic role, had undertaken work to ensure that strategic choice did not remain his individual remit:

“[The manager] has got a really big input as well because he knows more about it than we do, about what’s going on in [the area] because he’s from the health board background and stuff which is quite good” (Chair of the board, Site 1).

“I mean, even if I walk out the door, the operation is not going to disappear, the Big Picture is not going to go away ... part of the reason why we brought those in is to get away from the short-termness of a lot of projects in the sense that, you know, they’re only as good as the capacity of the individual who’s actually delivering at that point in time. We simply turn round and my board then takes on a new manager...” (Manager, Site 1).

These findings suggest that this HLC’s construction and attention given to managerial roles led to different emphases across sites being placed on strategic decision-making. The concept of action determinism and pre-determined mindsets provides insight into the significance of the managerial role and how its enactment might limit the range of choices both recognised and considered. In the sections which follow, the attention given by managers and boards turns to examine HLCs’ developmental trajectories and how these influenced strategic decision-making.

7.4 Identity and ethos: balancing a need to protect what exists and adapting to fit

Writing about voluntary and community organisations, Coule (2007) suggests that conscious consideration should be given by management to the ways in which decisions regarding organisational identity and role affect strategic choices, particularly when examining funding options. Here, organisational identity is defined as the set of beliefs shared between managers and stakeholders about central, enduring and distinctive characteristics of an organisation (Albert and Whetten, 1985). In this view organisational identity is suggested to act as a moderator of interpretations and to influence organisational behaviour, with regard to issues facing stakeholders (Dutton and Dukerich, 1991). For instance, strategic choices about resources have been suggested to operate to protect an organisation’s mission and identity (Hailey and James, 2004).

While the term ‘organisational identity’ is referenced in the literature (see 3.3.3), multiple stakeholders and managers in the current sample referred to how attempts were made to

retain and continue the “ethos” of the HLCs that had been developed and operationalised over five years of BLF funding. As the use of the term ethos within the study broadly equates with literature on organisational identity, this terminology is used here to examine impacts on sustainability and strategic choice. Included within this analysis are stakeholders’ and managers’ discussion of how HLCs’ ethos was considered when taking restructuring into account. Within this analysis, sectoral and funding constraints (see Chapters Five and Six) are examined in relation to their impacts on cultural values underpinning HLCs.

Throughout this section, the analyses draw on the concept of rational versus reasonable behaviour (Backett and Davison, 1992). Here, the appropriateness of decisions and courses of action taken by HLC managers and management are considered in relation to the social and structural contexts in which they are located. Whereas a rational appraisal of possible funding options might omit a cultural focus given to HLC development over time, the exploration of the concept of HLC ethos gives recognition to how knowledge, beliefs and perceptions can vary between groups within the same culture. Analytic examination of HLCs’ decision-making, taking into account Centres’ cultural contexts, explores stakeholders’ deliberations with reference to what was considered rational and what was considered reasonable with regards sustainability and continuing an HLC ethos.

7.4.1 Retaining flexibility and an innovative capacity to respond to local needs

In the original guidance given to applicants, the BLF sought to “... encourage many innovative ways of working that provide solutions to the challenges presented by different communities and groups...” (NOF, 1999: 7). The emphasis given to “innovative approaches” (NOF, 1999: 11 and 13) was reiterated throughout this guidance. As evaluation findings illustrate, the innovative capacity of HLCs was considered a key component of Centres’ capacity and flexibility to make changes and adapt services over time in accordance with local needs (see Platt et al, 2007). Such a capacity was also a feature of the Bromley-by-Bow centre used as an exemplar when the HLC programme was established (see 2.3.3).

The analysis drew attention to a paradox surrounding discussion of mainstreaming in approaches made by HLCs to CHPs. For instance, it was evident that the inherent flexibility and adaptability of HLC models appealed to funders seeking to utilise health improvement organisations that operated at a remove from statutory-based organisations. Yet, while

stakeholders stressed the benefits of continuing locally responsive organisations, the “givens” of national targets that CHP/CPPs had to address and which guided funding were thought likely to restrict such flexibility (see first quotation below). Furthermore, despite HLC attempts to secure more stable mainstream resources, short-term funding and remaining external to mainstream agencies was suggested to offer Centres several advantages. This included enabling HLCs’ power to effect changes in terms of curtailment of projects that were found to no longer work or be necessary (see second quotation below):

“I think maybe, I think the Healthy Living Network’s initiatives might want to maintain kind of their independence because that maybe allows them the flexibility to develop in ways that maybe the, you know, the givens that we’ve got to work within in the Community Health Partnership wouldn’t allow that to happen.” (Stakeholder, CHP(2), Site 1).

“...with short-term funding there is flexibility built in. It’s easier to change things if they’re not working. Em, it’s easier to be light footed and that’s where I think they, there’s an advantage if they’re not, if they’re associated with the CHP rather than of the CHP.” (Stakeholder, CHP(3), Site 2).

While CHP stakeholders were appreciative of HLCs’ flexibility, how this function might be retained when approaching statutory agencies for funding was less well considered. Findings from an external consultancy that had examined sustainability options for HLCs were mirrored in the current sample. In this instance, the management consultancy, Accenture, had indicated that greater ties to mainstream funders would impact on a distinct “HLC way of working” such that many would be “unlikely to survive within the statutory sector” (Accenture, 2004: 15). Reflecting these findings, a stakeholder in site one discussed how any future provision of mainstream funding might affect the flexibility that had characterised the initial development of the HLC. In addition, and in further contrast to the “reasonably free rein” that the HLC was thought to have operated with, the same stakeholder indicated that any strengthening of ties to funders such as the CHP would necessitate an increased emphasis be given to “accountability” (targets) and recently devised performance measurement frameworks:

“... the same approach may not be so, em, easy to maintain once they were part and parcel, you know, of a more formal organisation and accountability for health improvement is going to be paramount, I think, in the new organisation [CHP] because it’s the first time we’ve been required to report on our performance in terms of health improvement. ... it might look a bit different in terms of the, the information that we require from our staff.” (Stakeholder, CHP(1), Site 1).

Further threats to the flexibility of the HLC model and ‘way of working’ were discussed when stakeholders raised the issue of commissioning and bidding for contracts to deliver services. Such moves away from a grant funding culture are suggested to resonate more broadly with studies of community and voluntary sector funding (e.g. The Finance Hub, 2008). Detrimental features of contracting for services include threats to the creativity and independence (Badham and Eadie, 2002, cited by Coule, 2004) of community organisations such as HLCs. Further to limiting the innovative capacity, commissioning was thought likely to necessitate that HLCs give greater focus to funders’ priorities (Accenture, 2004; CLTG, 2006a).

These threats were perceived differently in each HLC and reflect the greater attention afforded by some sites compared to others when considering how commissioning proposals might affect a Centre’s ethos. In the following quotation, the manager of site two, although wary of mainstreaming in terms of the bureaucratic restrictions discussed above, sought for the HLC and its services to gain increasing formal recognition over time from commissioning agencies. While seeking to become further embedded within emergent CHP structures, the manager highlights how a reasonable approach (Backett and Davison, 1992) would gradually formalise the relationship “a bit” with the statutory-based partnership. Here, formal provision of support via service level agreements was considered to be a longer-term objective, allowing the HLC to further embed its particular form of service delivery:

“... I’m not saying mainstream it or integrate it totally because that comes with the shackles of the NHS ... but I do think, very, very strongly, that they should give some form of support to it whether it be verbally and monetarily but also in a more formal way and that’s what I want to see [over] the next five years ... and in that they should recognise via formalising it a bit and whether that means service level agreements or something. So, commission us to do it...” (Manager, Site 2).

In contrast, discussion surrounding commissioning in site three initially took less account of the threats to flexibility (Accenture, 2004; CLTG, 2006a). Here, the manner in which service level agreements were first discussed was indicative of the priority given to finding a funding solution following the rejection of CPP proposals regarding worklessness (see 6.4.1). In the following quotation, a project officer discussed how sustainability plans mooted establishment of a commercial aspect to the provision of stress-management services. While following a rational course of action, little evidence existed to suggest that attention had been given to how the establishment of a contract with statutory funders might exert an influence on organisational activity and future direction, other than the expectation

that the HLC could continue as before. While the ‘reasonableness’ of such proposals was later given consideration (see 7.4.2), how such a development might affect the HLC’s identity was seemingly not considered at the outset:

“[If there was a service level agreement] I think there would just be a case of, em, being able to contract us and, em, they would the same way that anyone else contracts us just now ... we could take referrals from them and deliver training to groups of people for them ... delivering much the same as we do just now but, you know, just they would be another client.” (Project Officer(1), Site 3).

Latterly in the evaluation, site one was presented with CPP proposals which sought to commission services from existing organisations. Here, the manager illustrated how commissioning of services gave funders power to determine how an HLC operated. This reinforces a point made by Coule (2007) who suggests that organisations need to consider the extent to which they have principles that they wish consistently to adhere to when appropriating resources. In this instance, and recalling the product-process tension (Connell and Kubisch, 1998; Weiss, 1995) (see 3.3.3), the *un*-reasonableness of commissioning models were highlighted by the manager with regard to limiting future flexibility and Centres’ responsiveness to local communities’ needs:

“...if we want to get [CP or CHP] funding, it’s not based on what we do, it’s based on what community planning or the health board wants...”

“...say the local, eh, older people’s group gets into a bit of problems and maybe needs somebody, like myself, to help them, talk them through a grant application, won’t do it, you know, it’s not in my contract” (Manager, Site 1).

Given the responsive and adaptive manner in which HLCs were developed, these statements present the clash between the manager’s ‘reasonable’ proposition to seek to continue using community development practices and the clash with rational commissioning models to deliver specified services. Culturally the manner in which the HLC programme was initiated comprised a focus given to community development and flexible delivery of responsive services. However, rational funding proposals did not appear to offer scope for such an ethos to continue to be funded.

7.4.2 Ensuring that the accessibility and acceptability of an HLC to its target groups is retained

Potential funders' proposals brought into question the future accessibility and acceptability of HLC services to disadvantaged communities. Such proposals clash with recognition given in the sustainability of programmes literature of the need for a sustained programme to continue to meet the needs of its intended users (Wickizer et al, 1998). In terms of retaining organisational identity, rational approaches with regard to sustainability (and in particular to funding) may be insufficient, instead being replaced by a focus given to goals and values (Albert and Whetton, 1985). As illustrated below, HLC efforts were often focused on obtaining a reasonable compromise (Backett and Davison, 1992). This was in order to ensure that the ethos of the organisations, particularly with regard to their target group focus, was broadly retained.

Restricted funding options and their impacts on a Centre's ethos were of prominence in site three when local funders proposed separating HLC service delivery and community development functions prior to the end of its BLF grant (see 6.4.2). Despite rational contentions made by some stakeholders (see above) that such proposals would not restrict access for service users, later interviews suggested otherwise. When speaking with a second project officer it was evident that staff had 'reasonable' concerns regarding future restrictions on the accessibility of worklessness services to the original target community. Possible barriers to access thought likely to result from the proposal included: geographical restrictions that would limit service applicability; a narrower focus on those in the employment market; and, the impact that a loss of independence and perceived switch to a 'Government-backed' scheme might have on service uptake:

“...[staff] were concerned that it would only be in a small geographic part and a specific client group ... they all saw the concerns, em, that if it was a Government, em, scheme then it could put up barriers for people who might see us as part of the system, if you like, rather than as a, an independent support agency. It might prevent people coming in if they thought it was a compulsory [scheme] ...” (Project Officer(2), Site 3).

These barriers accord with the problems identified by Stevens and Peikes (2004), whereby changes to meet the criteria put in place by funders might lead to the loss of focus on a project's initial goals. Similarly, in the case of site one, the worklessness criteria were suggested to detract from the Centre's original aims and objectives in addressing community-led health concerns to instead operate according to statutory funding provisos:

“...that [worklessness] contract, because it would only be to service the statutory partners. ... So, basically, what we’re going away from is being a, an organisation that’s had core funding to deliver on a community health agenda and delivered by, eh, a local identified need tae simply being a service provider for a statutory partner” (Manager, Site 1).

As these quotations illustrate, the threat to Centre’s ethos of proposals thought likely to restrict services to address a worklessness agenda, were given consideration in terms of their ‘reasonableness’ in meeting the needs of existing target groups. Taking into account the cultural context and established history of service provision, the manager of site three explained how potential changes were deemed restrictive and off-putting:

“... if we’ve got a seventy year old that’s coming for stress management, then it’s highly unlikely that they’re going to look at employability” (Manager, Site 3).

Furthermore, during discussion of the CPP proposals surrounding possible separation of the stress management service from the wider HLC, staff in site three had indicated how they felt the proposals to be so unreasonable that they would not be prepared to work for such an organisation (see first quotation below). Such concerns highlight how there is a need to take into account a multitude of perspectives on strategy if seeking widespread support (Mintzberg et al, 1998). Threats to ethical integrity surrounding provision of services were similarly discussed in site one. Discussing how managerial roles might be constrained in terms of bidding for contracts, the manager suggested this would run counter to reasons that he might have for working in a community-led organisation (see second quotation below):

“I think if it was limited and it was just based on worklessness, you know, if that had been the case, I know the staff have concerns and have talked even about leaving, you know, the organisation, that they couldn’t morally support a, an organisation or a project that was forcing people back into work” (Project Officer(2), Site 3).

“Personally, as an individual, I may not want to be in an organisation where all I’m doing is chasing contracts” (Manager, Site 1).

While CPP proposals regarding the establishment of a trust model of funding were rejected by site three at an earlier juncture (see 6.4.1), site one was later to give consideration to similar proposals, also based around worklessness. Here, the impact of CPP proposals and commissioning of ‘programmes’ of activity were highlighted to be a constraint on the broader delivery of work to local target groups. In this instance, being commissioned to deliver a service was suggested by the manager to lead to restrictions on the focus that might

be applied by an HLC. Such narrowing of focus did not take account of board members' and hence local peoples' views regarding local needs that remained unmet:

“... and my board are sort of saying, we're local people, we've been on it [the board] for seven years ... we're in [the area] and actually the need in [the area] hasn't actually changed... the resource implication for it [the HLC services] hasn't actually changed” (Manager, Site 1).

Mindful of the possible limitations and effects upon ethos of funders' requirements, sustainability proposals in site two sought to continue an open access policy to make services available to the wider community. During the original BLF funding period and in pitching services to appeal to a broad cross-section of the local community, site two stakeholders found that this had removed a stigmatising barrier to attendance among disadvantaged individuals. As a consequence, when developing the new BLF bid, the manager presented a 'reasonable' compromise based on an understanding of local cultural contexts by seeking to retain a focus on the wider community (see first quotation below). Such attempts to secure universal access, discussed here as “wider awareness raising stuff” was also reflected in site one. Here, the manager, having argued for the continued provision of services to his local community, commented that funding restrictions were limiting the scope for community-based projects to remain focussed on particular communities (see second quotation below):

“So, under a broader banner, where we go out to a health fair of seventy-one people, okay you may only sign up three of the really marginalised ones that you meet there, but you might also get a relative. ... So under the wider awareness raising stuff, what we've found is that you're actually getting to the hard-to-reach groups” (Manager, Site 2).

“So the issue about the small voluntary sector organisation with a kind of local focus is being kind of marginalised, right” (Manager, Site 1).

In the case of site two above new BLF funding packages did not take account of such universalism, instead requesting applicants to be specific about target groups they intended to address. The manager in site two was later to contend that this approach had contributed to the rejection of her bid. Although unsuccessful, the approach adopted by the manager in site two provides further evidence of an attempt to respond to the continuation of HLCs and their services in a reasonable, rather than simply rational manner that met funding criteria (Backett and Davison, 1992). Similarly, given that HLCs were working with the most disadvantaged sectors of society, stakeholders in site three suggested that a more reasonable approach to CPP worklessness proposals would enable HLC staff to continue to take a broader approach in working with such groups. Hence, it was suggested that when working

with disadvantaged groups, that attention should continue to be given to those for whom employment remained a more distant prospect:

“I think in most cases we might think of dealing with people who are not even ready to go on to that first rung [of an employment ladder] ... that’s a really essential thing because that, if you do that it doesn’t just help the person themselves, it helps their families, the neighbours, everyone, you know, concerned with them and I see that as a very essential point of just helping people just to, you know, just to start to want, to want to get up in the morning, to want to live...” (Board member(2), Site 3).

7.4.3 Threats to the community engagement and development functions of HLCs

Another prominent feature of HLCs’ ethos concerned the use of community engagement and community development approaches. Environmental funding constraints, in particular associated with mainstream funders, were considered to threaten continuation of methodologies employed by community-based HLCs (see Accenture, 2004; CLTG, 2006a). As the manager in site one suggested, mainstreaming of the HLC would be detrimental to continuation of such methodologies as it “cuts out the whole community owned [approach]”. Such external constraints affected the strategic choices faced by managers who had to take into account different models of working and changes to ways in which community-led approaches might be delivered in future. In sites one and three, this was discussed in terms of attempts to reconcile differences emanating between how CPP proposals favoured a focus on commissioning service delivery whereas CHPs sought to retain an emphasis on community development techniques:

“So the health board [say] ... we really value, eh, community-owned and managed organisations who enrich and empower communities... Whereas with community planning, they’re ... looking at the commissioning of service. ... Well the interventions might be counselling, might be arts-based, eh, therapy work ... and what they’ll do is ... say, well, you know, if you’re an organisation who wants to provide that type of thing, you tell us what your outcomes are. So, well, we might come and sort of say, we’re going to provide two hundred and fifty hours of counselling for young people. ... They will fund that, but what they won’t fund is the broader [community] development.” (Manager, Site 1).

While contending with proposals from local CPP and CHP structures to separate services (see above), site three had also had to consider how a stand-alone community development service might continue to meet the needs of local people, particularly if funded by (and operating within the target-driven practices of) the local CHP. Latterly, the manager was

focused on ensuring that a “social model” continued to be used in whatever might remain of the HLC, in attempts to retain a focus on community priorities⁴¹. Discussing the potential for CHP funding to sustain the community development functions, the manager raised concerns about how new funding models might affect community development principles:

“I would still feel quite strongly that if we’re doing that, it [the HLC] has to be very strongly linked back to the social model as well and it has to be what communities identify that to be the need and that we’re not ... stepping on anybody else’s toes and do, doing that work already and I think that’s my concern is that if we go down this [funding] model is this still adopting the principles of a Healthy Living Centre ... is this what the community really wants?” (Manager, Site 3).

Furthermore, the possibility that HLCs might in future operate primarily to deliver contracts specified by statutory agencies was suggested to affect some of the community governance functions considered central to a site’s ethos. Operating a community-based management group and seeking to empower local people had been a major element of the work of site one. A move to become a service delivery agent for a statutory body was suggested to run counter to the community engagement ethos that had been established:

“...if we simply become a service providing organisation for the health board and community planning, what does that do for, why, why would my chair [of the management group] want to be involved in this organisation?” (Manager, Site 1).

In other instances, when it was indicated that CHPs sought to promote community development approaches, the means by which these might be delivered were raised as concerns by HLC managers and stakeholders. In the case of site two, it was indicated that the implementation of CHPs had meant that statutory agencies were to incorporate community development techniques within the roles of their staff (see first quotation below). This impetus was considered a challenge to the HLCs’ retention of such roles and functions. For instance, it was suggested that CHP managers “weren’t listening as much as they could be” (Stakeholder, CHP(4), Site 2) when attention was drawn to the community development role of HLCs and to the challenges CHPs might face in assimilating such roles. Highlighting the appropriation by the health sector of the term ‘community development’, the manager in site two was scathing in her critique of how these techniques might be applied by more clinically-oriented CHP staff:

⁴¹ Such concerns resonate with known issues surrounding the development of health action zones and difficulties these bodies faced in having to reconcile policy-driven expectations over and above their original mandate to develop as community-led initiatives and with strategic directions shaped by local communities (see Bauld et al, 2005).

“... it should make a big difference but I think there’s a lot of work to be done in getting that message across. ... I think there’s other [clinical] people who want to, to be the deliverer of that [community development] message.” (Stakeholder, CHP(4), Site 2).

“... looking at the way I’ve worked here and the people we’re working with, it’s a very credible vehicle or model to deliver health improvement in localities such as these ... There is your family health team, there’s your community nurse and they’re all really strapped ... [and told they have] to work in a community development way, a) they don’t know the meaning of the word, neither do their bosses, neither do middle management. Nobody knows what that terms means and that cracks me up because they all sit there and fire out the rhetoric and they haven’t a Scooby...” (Manager, Site 2).

With funding parameters yet to be determined, and as CHPs continued to embed, the views of stakeholders in other sites were in accordance with those of site two’s manager in seeking to retain an independent HLC capacity to undertake community development work. Seeking the recognition of CHPs, each Centre sought to retain close links to the statutory agencies that were likely to provide funding, yet the distance necessary to remain responsive to emerging community needs. In the quotations which follow an emphasis is given both to the independence and close operating links that HLCs might have with CHPs:

“... there’s a, there’s a thin line, you know, to be, to be walked here as well between, you know, being independent and losing your independence, you know, and be just seen as being part of the CHP. ... an independence does allow them to bring additional resources in and develop new services and maybe pilot new services or whatever.” Stakeholder, CPP(1), Site 3).

“...part of the advantage for the healthy living centre is being out there around these, these, different ... funding sources. It gives them slightly more freedom and, and focus and, em, I think engagement with their communities as a consequence rather than being tied to a big bureaucracy.” (Stakeholder, CHP(2), Site 2).

Despite the discussion centering on HLCs’ independent ability to promote community development methods, no decisions had been reached regarding CHP/CPP provision of funding by the termination of fieldwork. However, the ongoing process to determine how an HLC might be located within a changing health system was further complicated by the emphasis placed on new policies following the election of the Scottish National Party in the Holyrood elections of 2007. Discussing worklessness policies and an emergent clinical emphasis given to lifestyle checks within a public health environment, the manager of site one latterly considered how such policies might further affect the emphasis given to community engagement functions of the HLC and also to how this might affect staffing requirements:

“... one of the kind of things that, that the SNP Government is very keen on was this concept of ...[a] whole lifestyle check. ... Now, to do that kind of work, it's very, it's quite a clinical, that's clinical kind of thing. Do you have nurses who do that? ... therefore, do we stop employing community engagement, community development people and employ, eh, you know, workers who've got that [skill]. ... That's very different from the kind of skill sets of organisations like ourselves.” (Manager, Site 1).

As this final quotation suggests, the emphasis given to community development practices shifted over time as new partnerships came into effect and methodologies for engaging with communities became more commonplace. The difficulties experienced by Centre's stakeholders in having CHPs recognise and utilise HLCs community development expertise are further discussed in Chapter Eight. Meanwhile, at the conclusion to my fieldwork, little certainty had emerged with regard to how such approaches might be provided in future.

7.5 Summary

This chapter illustrates the nature of the strategic challenges facing HLC managers, management and stakeholders in having to accommodate HLC organisations to the new, still emerging and resource-holding CHP/CPP structures. Having sought to influence these structures during implementation, HLC management accounts of strategic choice often took on evolutionary approaches (Whittington, 1993). Systemic limitations were evident and accounts illustrated the difficulties faced by HLC managers who struggled to influence external structures better to accommodate their organisations (e.g. Burnes, 1996). Within the organisations, HLCs' internal structures, the roles of management groups and those of the managers themselves were found to influence and sometimes limit strategic choice.

Throughout accounts of the development of new health structures, HLCs' management had to be cognizant of the identity and ethos of the HLCs themselves and how this might be affected by the constraints faced. Managers' and stakeholders' focus was underpinned by the five years of development and understanding gained of local cultural contexts that had taken place using BLF funding. Strategic choices were influenced and informed by attempts to accommodate within emerging structures the flexibility, accessibility and community-based elements that had been the foundation of the HLC programme.

The next chapter (Chapter Eight) draws together several of the findings from the previous three chapters (Chapters Five, Six and Seven) to explore the accounts of respondents who held posts external to the HLCs. These accounts, obtained after the main bulk of fieldwork, revisit several of the themes in these previous chapters to further examine some of the organisation, sectoral and national constraints confronting HLCs and which impacted on attempts to secure sustainability.

8. THE END POINT FOR HLCS: ATTEMPTS TO ADDRESS SYSTEM CHANGE AND INTRANSIGENCE.

8.1 Introduction

In contrast to the previous data chapters which drew exclusively on HLC stakeholders' accounts, this chapter mainly focuses on an analysis of data provided by respondents holding prominent positions in policy, practice and funding environments. These perspectives had not been sought within the original evaluation and the decision to obtain such accounts was guided by my grounded theory approach (see Chapter Four), which drew my attention to a need better to incorporate and reflect on policy-relevant perspectives relating to HLC sustainability. In particular, and drawing on the model devised by Gruen et al (2008) (see 2.4.2), these interviews enabled greater focus to be given to examining whether and how HLCS' future was given systemic consideration and with reference to wider restructuring.

These findings are presented separately as the interviews were conducted at a later point in time to the main body of fieldwork. Thus, the temporal perspective afforded by examining such respondents' views differs from the process accounts provided by HLC stakeholders in previous chapters. Although no final decisions regarding sustainability had been taken at this time, the temporal position of these interviews enabled a retrospective focus to be applied to the processes that the HLC stakeholders had been involved in and which are examined in Chapters Five, Six and Seven. As sustainability was still a 'live' concern, these respondents' accounts were also used to explore current events from a process perspective. Because sustainability issues remained unresolved and because of certain political sensitivities involved, I was very mindful of confidentiality and anonymity and, as a consequence, only limited information is provided about the roles of these individuals. In a few instances these accounts are augmented with those of HLC managers, from whom data was collected at the conclusion of fieldwork, thus providing a similar temporal perspective.

In the first section of this chapter, the temporality of the interviews and the insider knowledge of respondents are exploited through taking stock of earlier findings to further illuminate the *HLCS' roles and future within the health improvement infrastructure*. In this section I begin by exploring the wider policy contexts, reflected in health sector restructuring, and of how HLC sustainability was framed with reference to proposals guiding

the future of community-led health provision. This is followed by an examination of how HLCs' historical development, coupled with sector restructuring, affected the ways stakeholders could articulate and relate their work to address potential funders' needs. Macro strategic perspectives of external respondents are then used to provide an account of HLCs' origins and of how the programme's foundations had led to it being considered to lay outwith current Scottish Government health policy. In a further sub-section, I explore how health sector attention to enhance broader community-led service provision may have lessened attention on HLCs' sustainability. This section is concluded by examining the temporal attention given to sustainability and discussion about how earlier sectoral consideration might have been applied. In the second section, I examine *political activity and attempts to secure sustainability at the programme level*. This section includes a focus given to ways in which several Centres' actors came together to form a group which made political lobbying and funding approaches to the Scottish Government. Concluding, I explore the outcomes of these actions, which led to the Government's provision of transition funding, and stakeholders' views about the potential impact these monies might have on Centres' longer-term sustainability.

8.2 “Make yourselves indispensable”: HLCs and the wider health improvement infrastructure

As the previous three chapters have illustrated, the environmental impacts on HLC sustainability deliberations were wide-ranging. Managers' strategic consideration had to take into account changing statutory structures, emergent local funding patterns and new methodologies for service delivery. Respondent 1, who worked in the health sector, drew attention to how HLC stakeholders were advised by the Scottish Executive Health Department⁴² in 2005, to give increased attention to CHP/CPPs. The comments below reflected challenges HLC managers had identified in Chapter Five surrounding the timing of and the time taken to implement sectoral changes. Now, in 2007, these comments reiterated the challenges created by an emergent health sector structure that was still in flux and where it was suggested to continue to be difficult to demonstrate a 'fit' for HLCs:

“...I remember reading the report [from the conference], it was something like, em, ‘make yourselves indispensable [to the CHPs]’ ... and I think the reality has been that as

⁴² At this time, in 2005, the governing institution in Scotland was still known as the Scottish Executive, later to become known as the Scottish Government after the election in 2007.

those structures are new and emerging and developing themselves, it's been quite hard to, to, to demonstrate that, and maybe the timing for a lot of things has just been not best for timing of HLCs [and their sustainability]" (Respondent 1, health sector).

While the compatibility between the timing of sectoral changes and HLCs' sustainability requirements was problematic, Government advice to secure links with organisations such as CHPs resonated with wider sustainability literature, in particular in relation to the benefits associated with organisations sharing visions (e.g. Goodman and Steckler, 1989). Shared vision accounts often focus on the importance of capacity-building (e.g. Johnson et al, 2004; Robinson et al, 2005) and the early development of sustainability plans (Shediac-Rizkallah and Bone, 1998; Goodman and Steckler, 1987/1988; Johnson et al, 2004; Mancini and Marek, 2004). In the sections which follow, I examine external respondents' views on how a changing environment influenced and constrained consideration of HLCs by health sector organisations and potential funders. Here the challenges of defining roles, developing a vision, and difficulties surrounding system-wide capacity and planning to take HLCs into account, are brought to the fore.

8.2.1 "That bit is a society bit": defining the role of HLCs in structures to deliver health improvement services

CHPs were devised to enable collaborative, inter-agency planning processes, to have influence over the distribution of resources and to provide locally sensitive solutions when addressing health policy priorities such as a population-wide perspective on health inequalities and health improvement (Scottish Executive, 2003a). Discussing CHP implementation, Respondent 3, a local government representative, advocated that HLCs were well placed to position their services as part of a wider CHP framework. This respondent portrayed HLCs as part of a larger system for addressing and overcoming the limitations of the 'disease-focussed' NHS, to better deliver on health improvement and health inequalities. Such a contention draws attention to the struggle faced by HLCs confronted with certain funders' desires to base funding decisions contingent on 'outcomes' or targets (see 6.3.1) versus wider attention to tackle 'societal problems', arguably addressed in part through HLCs community-based work:

"I think there's wide recognition that the health sector cannot address health inequalities or health improvement in Scotland [on its own]. ... there is through the Act that created CHPs the commitment to health improvement as a priority. ... So, I think there is a

crucial role and I think, more widely recognised now within NHS, that they can't, they cannot do that bit. That bit is a society bit, you know, a neighbourhood bit and naturally the, eh, HLCs play a crucial role because they are connected better.” (Respondent 3, local authority).

The difficulties surrounding HLC stakeholders' framing of Centres' work with regards outcomes was further discussed in relation to the difficulties experienced by managers in gaining recognition for HLC methods of work. Supportive of the 'societal' approach identified above, Respondent 1 talked of her hopes and “vision” that HLCs would at some point be better included within local structures to enable such collective work. Such inclusion, should it occur, was suggested to offer opportunities to work in tandem to establish programmes of activity (see 6.4.1) to address local needs. Yet, the latter part of this respondent's statement and the suggestion that HLCs had previously only been “tolerated”, lends support to earlier findings regarding the difficulties managers faced in making representation to CHPs (see 6.3.2), of the limited agency that stakeholders were afforded and of the power of local partnerships to determine forms of service delivery (see 7.3.1):

“...how can as wide an array of different contributions that are happening locally, you know, how can they all better work together in order to contribute in their own unique ways to joint commitments, resource commitments ... health improvement outcomes that are shared, identified locally that ... are meaningful to communities, and therefore, collectively play a part in improving Scotland's health, rather than HLCs who, in their, in isolation, can't do it themselves. They have to be part of something bigger. So, my vision for them would be ... for them to really genuinely be embedded in local structures and not just tolerated...” (Respondent 1, health sector).

However, despite these intentions and as discussed in Chapter Five, HLCs were confronted with a situation where CHP/CPPs remained “unclear or uncertain” (Respondent 5, civil service) about their relationship with Centres. Such uncertainty contrasts with wider sustainability literature, where stability of host organisations is emphasized (Steckler and Goodman, 1989). Moreover, attention is also drawn to the need to ensure that a system in which an initiative operates is receptive to change (e.g. Johnson et al, 2004). However, the comments of Respondent 5, who worked in the health department, illustrate how work to enhance new partnerships' receptivity to HLCs was still underway in mid 2007. Thus, continuing attention was being given to infrastructure and development of a “framework” to enable such bodies better to engage with organisations such as HLCs. This highlights the 'lack of fit' between the timing of the introduction of CHP/CPPs and length of time taken to develop their capacity to engage with community health organisations, and HLCs own timing predicament as they approached the end of external funding during this process:

“Yes, what we’re trying to do is, is create a sustainable model that will allow ... the statutory organisations who are the principal funders of community-led activity to recognise and understand how the community-led organisations can contribute to them meeting their objectives around improving the health and wellbeing of the communities and dealing with health inequalities. Em, so we’re trying to create a framework where they, effectively, have to recognise that they have to engage with healthy living centres and other community- and voluntary-led organisations on, on an ongoing and sustainable way” (Respondent 5, civil service).

Whilst it has been found that the receptivity of systems aids sustainability, it has also been pointed out that systems may have a culture resistant to change (Green and Plsek, 2002; Hall and Hord, 2001). Respondent 5, based within the civil service, discussed how entrenched methods of working and a past focus on grant models of funding had limited policy consideration given to organisations such as HLCs and how they might operate within newly developing systems and as part of wider programmes (see 6.4.1). In this example, systemic challenges confronting HLCs were suggested by this respondent to surround the historical power held by health boards to allocate funding based on addressing clinical needs. In turn, this was suggested to have restricted wider consideration of how work delivered by organisations such as HLCs might be incorporated within new frameworks to address health improvement and inequalities:

“How do we develop the health improvement function of CHPs and how do we help CHPs understand that, eh, they’re not mini health boards just trying to do everything themselves and they, they have to get beyond the medical model of health, think more widely about using other partners to deliver on other aspects of health and delivering health improvement and dealing with health inequalities. And that means not just popping a few quid over to an HLC...” (Respondent 5, civil service).

Respondent 7, who worked for a funding body, acknowledged his familiarity with HLC managers’ complaints about their inability to “engage” and attract the attention of local partnerships (see 5.2.1). Reflecting on accounts of the limited relationships that HLC managers had been able to establish with CHP/CPP stakeholders (see 5.2.2) Respondent 7 indicated that HLCs had not “been listened to”. His views echoed those of stakeholders in Chapter Five suggesting that time taken to embed, and continued “state of flux” associated with CHP/CPP implementation, had limited the opportunities HLCs had to engage with new structures. In addition, the accounts in this section further illustrate how HLC stakeholders were restricted in only being able to apply emergent approaches to the development of sustainability strategies (see Chapter Seven) and even then constrained by the indeterminate position of the wider health sector.

8.2.2 Articulating HLCs' work to funders: the importance of raising organisations' profile

While analysis above has explored the limitations associated with systemic attention given to situating and defining HLCs' health improvement roles, sustainability literature also highlights the importance of gaining recognition and establishing a profile among funders (e.g. Shediak-Rizkallah and Bone, 1998; The Finance Project, 2002, CHEX, 2007). For instance, attention has been drawn to marketing of community health initiatives' "unique role and remit in [delivering] health improvement" (CHEX, 2007: 7). The difficulties associated with stakeholders' attempts to make representation to CHP/CPPs have been discussed elsewhere (see 5.2.1). Meanwhile, evaluation findings illustrated how sample sites had varied in the extent to which they had undertaken work to raise their profile among communities, partners and funding agencies (Platt et al, 2005a).

Exploring such matters with external respondents, it was suggested by several people that HLC stakeholders experienced inherent difficulties in marketing HLC models of work to potential funders. Findings highlight the limited opportunities HLCs had to engage in developing rational and planned strategies to guide establishment of a "vision" to promote how an initiative might fit within the larger community both now and in the future (The Finance Project, 2002: 6-7; Scheirer, 2005). Contrasting with this ideal and reflecting the struggles discussed by HLC staff (6.3.2), Respondent 1 suggested that HLC stakeholders were often uncertain of the roles that Centres might have and of how their work might be marketed to funders. While the diversity of the programme has been acknowledged throughout this thesis, these findings should be considered with reference to the omission of an initial "blueprint" (NOF, 1999) (see 2.3.2) and challenges this may have created when HLC managers later sought to align with statutory structures:

"...there's still so many of them still feel a kind of sense of ... a kind of nervousness as to what they're about and what their own identity is ... Maybe that's some support that they require nationally, being able to better articulate what their unique contributions can be at local levels..." (Respondent 1, health sector).

One focus of the HLC Support Programme (see 6.5) had actually been to help address the difficulties faced by HLC management in profiling their work through delineation of functions performed by Centres and how these might be marketed to potential funders.

Indeed, sustainability literature highlights how higher levels of support have been found for specific activities/services that could be ‘sold’ as contributions to a new host organisation’s goals (Scheirer, 2005). Discussing the role of the HLC Support Programme, Respondent 6 who worked in the community sector, drew attention to the relative ease with which HLCs could articulate examples of specific services delivered compared with efforts to promote their integral longer-term community development work. Hence, the “ability to ‘spin’ what [organisations] do to make it attractive to funders” (Weiss et al, 2002: 29) was thought to differ according to the type of HLC function under consideration:

“...[the Support Programme] has done a lot of, em, trying to get, to get people to sort of think about the strategic planning, how they would profile what they’re doing, to partners ... it’s taken some of the HLCs longer to work out, to clearly articulate just what they’re marketing, you know, and maybe it’s easier to market, you know, cookery classes ... but kind of harder to articulate that more, kind of amorphous bit round the [community] development” (Respondent 6, community sector).

The challenges surrounding how HLCs might retain an innovative and responsive community development capacity while making attempts to secure mainstream funding (see 7.4.1) were made evident when external respondents flagged up the merits of such HLC methods of work. Drawing on the increasing policy emphasis given to community-led work (see CLTG, 2006b (8.2.4, below)), Respondent 2, who worked in the communities division of local government, indicated that HLCs’ community-development methodologies might be ‘sold’ as ways of addressing some of the problems associated with the introduction of CPPs. However, as illustrated above (see 8.2.1), work was ongoing to develop frameworks by which statutory organisations might engage with HLCs, limiting the opportunities managers had to market more “amorphous” community-led work:

“...maybe that’s another argument that should be, they [HLCs] should be making to funders, that, there’s, there’s been a lot of investment and capacity-building and then in, in building trust with communities and that is maybe something which some of the CPPs, for example, might not have because one of the criticisms we’ve, we’re getting in now about community planning partnerships is that they are currently fairly top-down and not bottom-up...” (Respondent 2, civil service).

In addition, the process evaluation indicated that the extent of an HLC’s profile raising activity, including opportunities to market successes and position the work so that that it was attractive (Weiss et al, 2002) to statutory partners, appeared to be contingent on how the organisation had been constructed. This, for example, reflected the moderate degree of success that statutory-based site two stakeholders had experienced in obtaining some form of

strategic role (see 7.3.1). Hence, HLCs hosted by the statutory sector were suggested to be in a better position to develop a profile with host organisations as their existing delivery of services were already addressing partners' objectives. In turn, if such an HLC were to close it would require that a CHP find and fund other ways of addressing certain health improvement objectives:

“[Some HLCs] were more locked in to statutory services and I think it's interesting when you look at sustainability, that probably these are the ones that, that are having, em, a more successful continuation because they're more locked in ... if the statutory services like the local authority or the health board aren't going to continue them then there's, there's a part of their services going to be lost out.” (Respondent 6, community sector).

Yet despite the perceived advantages that certain structural arrangements might have afforded HLCs and despite the challenges that sites faced in ascertaining how they might promote aspects of their work, systemic changes and the resulting uncertainty was felt to have made the task of profile-raising more difficult. Respondent 3 reflected upon how changes to and new focus on health outcomes/targets represented a shift in how HLCs' stakeholders had perhaps originally considered their work might be appraised (see 6.3.1). This respondent also suggested that the outcomes on which HLCs might be judged should take into account Centres' original construction and emphasis on community-development techniques rather than health targets, which, by implication, were considered more 'unrealistic' to attain:

“I think for the HLCs, I think the goalposts seemed to keep changing all the time, you know, if you've got a set of outcomes, that are realistic outcomes... about the engagement with the community, those kind of things and not about changing the health gains [outcomes] ...” (Respondent 3, local government).

As these accounts illustrate, external respondents' accounts gave recognition to the challenges that HLC stakeholders had faced in profile-raising and promoting their organisation (see 7.3.1). In the section which follows, attention turns to examine how these challenges and limitations might have arisen.

8.2.3 The externality of the HLCs' origins in relation to health policy: perspectives on where they fit at the end of the programme

Within the wider literature, 'vertical' (i.e. stand alone or self-contained) initiatives have experienced more difficulty seeking sustainability than initiatives that are better integrated with existing systems (Bossert, 1990, cited by Shediak-Rizkallah and Bone, 1998). Interviews with external respondents were used to explore HLCs' origins with regards to UK and Scottish health policy in order better to understand how or whether they might be integrated within existing systems. These accounts were given in May 2007, prior to Scottish Government decisions regarding transition funding (see 8.3 below). As will become evident, many of these accounts appear to give ex post facto justification of decisions that had contributed to HLCs in Scotland floundering. For instance, having originated through a UK Government policy mandate it was suggested by several respondents that their status led to HLCs not being accorded any foundations within Scottish Government health policy:

"... I've heard from the Health Department that this [HLC programme] was something that really was endorsed by, em, really by the, from down south. It was, you know, okay, it was rolled out UK-wide but its origins don't lie within the Health Department like Scottish Health Department policy." (Respondent 1, health sector).

At this point in time, with HLCs such as site three having taken the decision to close, such statements appear to offer some justifications for or attempts to explain why sustainability had not or was unlikely to happen. Despite HLC stakeholders' attempts to raise sites' profiles within new partnership structures, attribution of 'responsibility' for the sustainability difficulties experienced by Centres began to emerge. A member of local government suggested that from a policy perspective, the Lottery origins of the HLC programme had helped instil a sense of separation from the wider health sector. Furthermore, this sense of isolation and operation as a separate programmatic entity to other community health initiatives was, contrary to its mandate, suggested to have been reinforced by the assistance provided through the HLC Support Programme:

"I think they have been given a status separate from the rest of the sector and I think that's because of the national programme [Support Programme] ... pulling that whole, kind of, eh, sector together, eh, with the conferences, annual conferences.... So, I think, perhaps, they've, I don't know, maybe been seen as a bit insular." (Respondent 3, local government).

Further attribution of responsibility for the ‘insularity’ accorded to HLCs was suggested by respondents to reside with Centres’ principal funder, the BLF, and the role and guidance that this organisation had provided. Findings contrast with the importance associated with partnerships (Jackson et al, 1994) and infrastructure capacity building (Johnson et al, 2004) in order to enhance ownership and sustainability. Instead, Respondent 4, working within the communities sector of government, suggested that insufficient focus had been given by the BLF to sectoral positioning of the HLC programme at its inception. Explicitly stated, it was suggested that little attention was given to future partners’ (e.g. CHPs) sustainability commitments at the outset. As a consequence, it was further suggested that operating at a remove from these structures and not having made the “links” may have reduced HLC stakeholders’ ability to engage, lessening opportunities to talk “languages” to determine a fit (Scheirer, 2005) when discussing sustainability:

“...the Lottery just set them up and didn’t make the links in the first place ... Fundamental flaw, with hindsight... So they were all seen as separate and over there. So there’s no ownership. Em, and in terms of engaging with Community Health Partnerships you really have to get in, it’s not to say knocking on the door, it’s pushing the door down, sitting down at the table and explaining and talking languages.” (Respondent 4, civil service).

Respondent 6, who worked within the community sector, similarly criticised the lack of attention given to partners’ sustainability roles at the outset of the programme. In accordance with views of HLC stakeholders (see 6.5), she suggested that Centres’ partners had an understanding of the policy origins of the programme and its establishment via Lottery funding, which led to a construction of ‘responsibility’ for sustainability that remained the province of the BLF throughout HLCs’ lifespan. Hence, this respondent suggested that the lack of emphasis given by the BLF to seeking incremental investment from partners, lead to Centres’ partners placing reliance on the future role of the Lottery and provision of a “central pot” of funding to sustain the programme:

“I think if you’ve got a starting point where the partners have got a real commitment, you know, for incremental investment ... if, if you had something sorted out with, particularly the funding partners, you know, that this organisation was meeting their agenda in a complimentary way, that they would, you know, increase their funding ... I think to the partners, they, they had that same hope, you know, this is, it’s seen as a kind of Lottery project so the Lottery is bound to take responsibility” (Respondent 6, community sector).

Despite this contention, it should be noted that in guidelines issued to applicants, the BLF had been explicit about the time-limited (5 year) period of HLC funding and of the

responsibility local partners had in relation to Centres' sustainability (see NOF, 1999). Similar statements were made by a BLF representative at one of the early HLC conferences. Exploring why HLC stakeholders might have held assumptions about future funding roles for the BLF, a respondent, who had knowledge of the filtering of HLC applications made during the bidding process, was critical of ways in which funding assessments were made and decisions reached about the strength of Centres' prospective partnerships. This respondent suggested that BLF assessors had only limited capacity to process the large number of applications received, which resulted in only partial attention being given to HLCs' bid-specified plans for partners' roles in future sustainability:

“...the deal here is that you have, not just your partners on board but your partners absolutely committed to this. ... I don't think there was a, necessarily, a, more of a, holistic exploration of what sustainability would look like and I think at assessment [of applications] anyway, it [sustainability assessment] seemed very much like a, not quite a tick-the-box, but it was a, obviously, not being able to speak for every assessor and every HLC throughout the country, but there was a, it was a, a very understaffed team with such an immense burden of applicants, that I wonder [...] what levels of support were there to actually work with applicants” (Respondent 1, health sector).

Further issues relating to the bid process and affecting how partners' might consider future 'ownership' of HLCs after initial funding expired were discussed. Acknowledging the 'time-lag' between applications for funding and the eventual establishment of an HLC, Respondent 1 suggested there had been an awareness within the BLF, during the application process, of changes which took place within HLC partnerships, often between bid stages. Although BLF assessors had determined the support of partners during the stage one bidding process, changes in composition between stages and the potential for further changes to occur before projects became operational were suggested by this respondent to perhaps have affected future working arrangements and hence sustainability commitments. From this perspective, changes occurring within HLCs' partnerships during bidding might also have contributed to uncertainty with regard to partners' longer-term roles in aiding sustainability. As several of the accounts given by these respondents indicated, many of the challenges faced by HLC managers in relation to moving targets (see Chapter Five), were already in motion before HLCs had begun to operate.

8.2.4 Raising expectations and running out of time: increased attention placed on 'community-led' service provision

During the HLCs' operational phase an appraisal of Government policy indicated an increasing attention given to the involvement and role of local communities in determining health improvement needs. For example, set within the context of Closing the Opportunity Gap (Scottish Executive, 2002) objectives, and more specifically, Improving Health in Scotland: The Challenge (Scottish Executive, 2003a), 'community-led' activity formed one of four themes or 'pillars'⁴³ for addressing health improvement. Seeking to better define 'community-led' activity, the work of the CLTG sought to "create a dialogue with key networks locally and nationally to create a shared vision and ownership for community-led health improvement amongst community planning partnerships, community health partnerships and the social economy" (2006b: 2).

The significance of this task group for HLCs and their sustainability was highlighted because several sites, from across Scotland, including site two in the present study, featured as case studies of projects to exemplify local community-led activity. In addition, a sub-group of the larger task group had a remit to focus on "developing guidance on sustainability and mainstreaming of community-based activity" (CLTG, 2006b: 14). According to respondents, the increased attention given to community-led work by the CLTG had perhaps led to elevated "expectations" among HLC stakeholders as the timing of the report led to links being made between the work of this group on sustainability across the sector and Centres' own continuation. Respondent 1, who had been involved in the production of the CLTG report, felt that HLC stakeholders had accorded its findings with a power and significance that helped define a niche (The Finance Project, 2002) for the programme and which incorporated a role for Government in their continuation. However, as she explained:

"I do have concerns that there is, there has been high hopes [among HLC stakeholders] that something from the centre will happen and I think there is dis, real disappointment that more hasn't happened." (Respondent 1, health sector).

However, issues of timing again appeared to work against the HLCs. Contrasting with the importance of capacity-building for longer-term integration of health promotion in organisations and communities (Eades, 2000; Hawe et al., 1997), the implementation

⁴³ The four themes or 'pillars' are as follows: Early Years, the Teenage Transition, the Workplace and Community-led (Scottish Executive, 2003a)

timeframe for CLTG recommendations was problematic for HLCs. Despite their inclusion within examination of community-led activity, the capacity-building elements recommended and arising from the task group's work were being considered over the longer-term. Thus, as acknowledged by the respondent from the civil service, the timing and implementation of CLTG recommendations, which might in future have had an impact on local CHP/CPPs consideration of the HLC programme, were not yet in place when Centres' BLF funding was due to expire:

“...I guess the timing was a wee bit unfortunate in that the HLCs' funding was starting to run out before we'd really learned from the Community Task Group with what they thought were the big issues for the, you know, the wider sector generally, em, and then for the time for us to work up the solutions that we're currently working on” (Respondent 5, civil service).

While the timing of the CLTG report and implementation of its recommendations were considered to be of little benefit to HLC sustainability at this juncture, the focus it was accorded by Government and policymakers was suggested by Respondent 1 to have detracted from wider systemic attention to the sustainability of the HLC programme. Respondents commented that positioning the HLCs within the CLTG work may have allowed policymakers to be 'seen' to take action regarding the future of the programme, albeit as part of broader consideration given to the future of community-led health activity. Instead, through having been subsumed within the CLTG work and its report, specific issues surrounding the timing of sustainability needs of HLCs may have been neglected:

“...it was quite difficult at a policy level to actually see other than the task group where that debate [on HLCs] might happen ... it might not have helped entirely the fact that the Task Group [CLTG] was also taking place at the same time because ... although there was a lot of issues that [were] very much applicable to HLCs debated and discussed within the Task Group ... the actual plight of HLCs wasn't.” (Respondent 1, health sector).

8.2.5 Planning ahead: “I think we would want to think a lot more about sustainability earlier on...”

As has been documented in the literature about programme sustainability (e.g. Bracht et al, 1994; Goodman and Steckler, 1989; Goodson et al, 2001), the temporal positioning of sustainability by stakeholders in the HLC programme meant that increased attention was given to continuation as the end of funding approached. As noted (see 2.4), such 'stage'

models contrast with alternate views with regard to the temporal patterning of sustainability planning (Pluye et al, 2004), and others' contentions that sustainability is enhanced by early initiation of collaborations (Altman, 1995) or creation of self-sustaining health promotion structures in host communities (Jackson et al, 1994). In this section respondents' views of the temporal processes that underpinned deliberation of HLC sustainability are further examined.

Acknowledging the challenges encountered by Centres' managers and presenting an ex post facto justification for HLCs' difficulties, Respondent 7 outlined how the experiences of the HLC programme had lead to learning opportunities that were being applied to the roll-out of then current and future BLF funding packages. Such learning was reflected in a temporal shift regarding when particular forms of support (e.g. advice on evaluation) were provided and in ascertaining the responsibilities of applicants with regard to sustainability:

"I think we would want to think a lot more about sustainability earlier on, em, and I mean, we have, ... so I mean, the fact that we've put in support for an evaluation at an early stage as well, em, we'd try to simplify the application process a bit as well..." (Respondent 7, funding sector).

In contrast to this retrospective 'ideal scenario', the account given by Respondent 6 enables further expansion with regard to earlier statements made surrounding the isolation of the HLCs in relation to the wider health sector (see 8.2.3). Here Respondent 6 discussed how personal experience of the community sector led her to conclude that the introduction of HLCs was poorly planned and that insufficient emphasis had been given to existing infrastructure at the outset. This account supports and expands upon an identified need to give concomitant consideration to implementation and sustainability (Pluye et al, 2004). Hence, Respondent 6 argued that better planning for sustainability should in future begin with first principles to permit advanced consideration to be given to existing organisations and their functions rather than to concentrate mainly on the development of a new set of organisations:

"I suppose going back to the sustainability bit, that's something that needs to be kind of considered in applications and what is it in terms of any added value that's needed in an area that should be taken consideration of rather than, you know, a whole landscape of new organisations that maybe, you know, you're building more on what's there already..." (Respondent 6, community sector).

Such a contention is supported by other evaluation studies which have discussed the funding distortions within a sector that local funders encounter following the introduction and subsequent termination of one-off and large sums of Lottery funding (e.g. NAO, 2004). For instance, the NAO report indicated how in a series of initiatives to which it referred, that local authorities did not have sufficient resources to continue childcare projects after Lottery funding expired. Respondent 3 echoed the views of other respondents (and authors, e.g. Goodman and Steckler, 1989) in suggesting that earlier consideration should have been given at the outset to HLCs' longer-term 'fit' within the health sector. Here, the future funding roles of Government and BLF funders were raised with regard to the restricted availability of statutory sector funding for HLCs. Without such intervention, this respondent outlined that any support offered an HLC by CHP/CPPs would have wider consequences as these bodies operated to address competing demands using finite resources:

“We had, we had this big discussion about the Big Lottery itself and, in fact, that you can't start, start up thirty-three million pounds worth of work and walk away from it and expect the statutory sector to kind of pick that up without additional funding because ... well what would happen, if that money did come through the CHP or the Community, eh, Community Planning Partnership? That would need to be, eh, made sure that that money was actually going to fund the HLCs and wasn't being used for some other purpose.” (Respondent 3, local government).

Respondents' contentions that earlier attention should have been given to sustainability planning also examined the timing of the introduction of the HLC Support Programme which was introduced in 2005, when many HLCs had been operating for three years. Discussing its delayed introduction, Respondent 7, who worked in for a funding body, suggested that potential benefits to HLCs might have been accrued if the Support Programme had been “up and running earlier”. Other respondents differed in their views regarding the timing of the Support Programme's introduction. For instance, Respondent 6 suggested that its late introduction may actually have lead some HLC stakeholders to limit their own actions with regard to sustainability in response to assumptions made about the wider national attention the Support Programme bestowed:

“...when the actual [Support] Programme came along, they [HLCs] probably, you know, the HLCs would see that as, as some bolstering, you know, the fact that there was a national programme there to, to support the work” (Respondent 6, community sector).

Further problems associated with the timing of provision of support were identified, particularly in relation to HLCs' development of monitoring and evaluation systems (see 6.3). Respondent 7 indicated that the BLF had not specified evaluation methodologies that

HLCs might utilise, only that Centres were required to undertake an evaluation. As Respondent 7 implied, the lack of emphasis funders placed on evaluation at the outset of the programme may have detracted from the importance Centres' stakeholders associated with requirements to demonstrate the effectiveness of local activities/services. Such an approach runs counter to wider sustainability literature, where sustainability guidance is deemed essential (Backer, 2000) and where attention to demonstrating effectiveness is considered crucial (Mancini and Marek, 2004; O'Loughlin et al, 1998; The Finance Project, 2002; Shediak-Rizkallah and Bone, 1998):

“I suppose that comes down to them [HLCs] being able to prove their worth and that's where evaluation probably kicks in and we thought we were doing the right thing by not actually saying to them you must use this form of evaluation. ... As it turns out, what's come through the eval, the programme evaluation is that they would have, you know, welcomed some sort of guidance in that province so, a difficult one to call, you know. ... We thought we were doing the right thing by leaving it up to them but, em, hey, hindsight's a wonderful thing.” (Respondent 7, funding sector).

Learning from the HLC experience, along with those of other programmes that it funds, the BLF has recently provided more explicit guidance regarding monitoring and evaluation requirements of projects to which it awards funding (see Burns and MacKeith, 2006). However, for HLCs, it was suggested that the delayed introduction meant that only reactive as opposed to developmental support could be given to addressing several of the sustainability challenges sites encountered. With regards monitoring and evaluation, such support came at a point when Centres had been operating for some time. This provision of advice, Respondent 1 suggested, was perhaps too late for Centres which, it was felt, should have had more established measurement frameworks already in place:

“...[the Support Programme] was advocating LEAP [Learning Evaluation And Planning] as an approach to evaluation at a time when, in actual fact, HLCs should have had a planning and evaluation mechanism already in place” (Respondent 1, health sector).

As these sections have illustrated, the retrospective views of external respondents enable an alternative perspective to be applied to the issues with which HLC stakeholders were grappling with and which are examined in previous chapters. However, the timing of the interviews with external respondents also allowed for attention to be given to further sustainability processes, which are discussed in more detail in the sections which follow.

8.3 Whose responsibility is it anyway? Politicising sustainability and appeals to central government

Shediac-Rizkallah and Bone state that “Planning for sustainability ... must begin early in the program and assumes a minimal level of political and economic stability” (1998: 99). In support of this contention, host organisational factors such as receptivity and maturity have been identified as features which influence and enhance the likelihood of programme sustainability (Community Solutions, 2004; Steckler and Goodman, 1989). However, in contrast to system stability, HLCs in early 2008 were still confronted with an environment where CHPs had yet to fully embed and where funding decisions remained uncertain (see Chapter Six). Indeed, further changes were made to funding structures, brought into effect through the new concordat⁴⁴ between central and local government in Scotland. Here, a range of ring-fenced funding packages were to become amalgamated within new single outcome agreements, giving local authorities and community planning partnerships more power to determine how money was spent locally.

In the first section below attention is given to an examination of attempts by certain HLC stakeholders to address and counter the instability of the systems in which Centres operated, at an HLC programme level, through approaches made to central government. Such efforts accord with the recognition given to “politically oriented” (Goodman and Steckler, 1987/1988) attempts to secure institutionalisation. In the second section, I examine the processes underlying the political activities of HLC stakeholders in seeking Government recognition and provision of central ‘transition’ funding at a programme level. This is followed by an examination of the implications of the award of transition funding for HLCs and for the longer-term sustainability of the programme.

8.3.1 Appeals for Government support: political activity at a programme level

Government policy throughout 2007 remained consistent toward the programme: HLCs were instructed to approach local partnerships to discuss sustainability, with no recourse to central funding on offer. Indeed, in May 2007, the establishment of HLCs was constructed by Respondent 5 as a learning opportunity for the Scottish Government Health Department. This is akin to findings of an evaluation of sustainability in a health promotion programme

⁴⁴ <http://www.scotland.gov.uk/Publications/2007/11/13092240/concordat>

undertaken by Goodman and Steckler. In this study Goodman and Steckler (1987/1988: 11) discussed how the programme being evaluated was considered by its funders as a ‘demonstration’ of how activities/services might in future be delivered with only ‘latent’ attention given to longer-term sustainability. In 2007, Respondent 5 suggested that a similar attention, given by the Scottish Government, was being applied to HLCs:

“...I don’t think there was ever any intention within the Health Department to do anything specific for, for Healthy Living Centres and we were interested to see how they worked, em, through the Lottery funding, em, but the understanding [was] that they were supposed to achieve sustainability themselves, eh, without any sort of central intervention” (Respondent 5, civil service).

However, despite this non-interventionist appraisal, funding shortfalls within CHP/CPP budgets were suggested by HLC stakeholders and external respondents to have led to specific understandings being placed on the roles that BLF (see 6.5) and Government (8.2.5) might play in sustaining Centres. Whilst acknowledging the ‘arms-length’ establishment of the HLCs via National Lottery funding, Respondent 6 suggested that greater attention might have been given to ensure that no recourse to such centralised forms of funding remained. Implicit within the “moral responsibility” discussed by Respondent 6 below and voiced by some stakeholders during the evaluation, was a felt need among HLCs’ stakeholders for Government attention to securing employment of staff and threats to the loss of investment (e.g. O’Loughlin et al, 1998; Shediak-Rizkallah and Bone, 1998) should Centres close. Furthermore, such views on roles for Government bring to the fore the political debate that surrounded the principle of additionality (2.3.2) which governed initial provision of Lottery funding for what some politicians, at the time of programme inception, deemed public expenditure. While Lottery-funded, HLC’s mandate originated from UK Government health policies:

“It wasn’t that they [BLF] weren’t clear but to keep to restating that right at the outset that really, there was never going to be a golden egg for an HLC programme as such and also that, that the Scottish Executive, I think, made it clear there was never going to be, you know, a discrete programme that was going to support this movement of HLCs ... I think, the HLCs themselves felt that, well, wait a minute, you know, central government has given this block of money to a programme and surely there’s an onus and a moral responsibility for them to actually put [funding in].” (Respondent 6, community sector).

Connotations of a “moral responsibility” for central government intervention were also likely, as suggested above, to have been influenced by the establishment of the HLC Support Programme, as its funding was provided by the BLF. However, several features of the

Support Programme's establishment were considered by respondents to have hindered the strategic guidance that it was able to provide. Indeed, the establishment by the Support Programme of a strategic development manager post as an 'ambassadorial' role was intended to facilitate connections to be made between HLCs and local agencies (including CHP/CPPs) to coordinate HLCs' work to fit and address both local and national health policies. However, achievements linked to the strategic development post in the Scottish Support Programme were suggested by respondents to have been limited. Problems associated with the structure of the team as it bridged two agencies were suggested to have led to an impasse with regards the strategic linkages made between HLCs and emerging CHPs (see Sridharan et al, 2008).

Despite the limitations of the strategic development manager role, the Support Programme was founded on the premise that, in accordance with UK-wide evaluation findings, the BLF should have a more proactive lobbying role (see Bridge Consortium, 2007). Whether a more developed role would have been of more benefit to Scottish HLCs is now a moot point. However, the wider role of the Support Programme and assistance it provided to HLCs was brought into question (see 8.2.5) and may have detracted from wider attention given to the HLCs by central government. Over time, the work of the Support Programme to assist development of HLCs sustainability planning led to what Respondent 1 described as "a real tension". Hosted by the Government-funded Community Health Exchange, Respondent 6 noted a clash arising from having a government-funded body advocating for continuation of a specific short-term funded programme and that the Support Programme was "not there as a lobbying organisation". Reacting to such circumstances, the Support Programme, with the backing of the Health Department, advocated that HLCs take action to ensure that there was a separate body established to communicate with Government. Hence, HLCs were advised to increase their own political activity and establish a collective lobbying group (Dawson, 2003):

"...they ought to speak, speak, em, with a single coherent message and particularly if they wanted to communicate with Government, then they had to have some sort of body that could speak on behalf of them all" (Respondent 5, civil service).

Notably, and perhaps reflecting the earlier discussion of a "moral responsibility" accorded to future provision of government support, respondents indicated that there was an initial lack of impetus among HLC managers to initiate and operate such a group. This was despite early attempts to establish such a mechanism in 2005. It is possible that this lack of will to engage

in overt political action might reflect the reluctance that some managers had in undertaking local politicking and the risks that this might entail for retaining the support of statutory partners (see 6.2.4). Seeking to secure scarce resources at a local level, it was evident from fieldwork interviews that competitive practices and doubts about the value of collective action limited managerial attention to their respective HLC organisations. Capacity-related explanations were also evident as it was suggested that HLCs were “bogged down” (Respondent 1) in delivering services, with little promise of reward. Moreover, the drive to secure scarce resources highlights the contradiction evident in stalled attempts to develop a wider collective to advocate for central support, and the same community development practices which many centres undertook:

“...there’s been no real collective action to support some kind of voice. ... [We’re] trying to all the time to encourage people to come forward themselves and, and to create opportunities for that [collective group] to happen because we know it doesn’t happen of it’s own volition, that people will, you know, sort of support and need the barriers removed, they need, they need some incentives, they need something” (Respondent 6, community sector).

Over time, as the lack of any decisions regarding sustainability for HLCs led the situation to be referred to as a “crisis” (Respondent 1), the Support Programme returned to Scottish Centres in 2007 and arranged a meeting to again seek interest to form a group with a lobbying role. Such actions re-iterate the now openly political processes by which sustainability was being sought. This meeting, which incorporated the support of HLC representatives from Northern Ireland⁴⁵, was suggested by an HLC manager to have acted as an ‘incentive’ to Scottish HLC stakeholders. In accordance with Mintzberg’s suggestion that political activity assumes greater prominence during “periods of flux” (1990: 165), the pressing issues of time-limited funding might have helped forge an agreement among multiple HLC stakeholders to form such a group. As Dunphy and Stace (1988: 321) state: “[when the] environment changes dramatically ... fit must be achieved by more discontinuous processes”. With many HLC stakeholders now uncertain about whether local partnerships would assist continuation, greater attention among managers was given to the political role of what became known as the HLC Alliance:

⁴⁵ HLCs in Northern Ireland had been successful in obtaining a two-year continuation fund, through the acquisition of a local under-spend of BLF funding. Arguments made to secure the fund focused on the difficulties that Northern Irish HLCs had faced in having to engage with structures undergoing change as part of a redesign of the public sector.

“So CHEX [Community Health Exchange⁴⁶] called a meeting in July [2007]... to bring together all the healthy living centres ... the purpose of the meeting was to pose that question [about the formation of an Alliance] again. Now they actually had two people at that from Northern Ireland ... who told the meeting about the Northern Ireland experience and I think, there had been obviously a shift in the thinking of people involved in healthy living centres so it was decided at that point that yes, it was a good idea to have some sort of Alliance” (HLC Alliance representative).

Further macro political manoeuvring was evident as, with much facilitation provided by the Support Programme, the Alliance secured a meeting with Scottish Government Ministers including the Cabinet Secretary for Health and Wellbeing and the Minister for Public Health. Mindful of earlier governmental reluctance to offer support (see above), Respondent 1 suggested that the meeting had initially been considered as an opportunity to “set the record straight” and to reiterate earlier instruction that HLCs should continue to work with CHP/CPPs to secure their future. However, recounting a change of emphasis, when the meeting took place and following a presentation given by the Alliance, its members were informed that consideration was being given to providing Government support for the programme (see quotation below). Following this meeting, the creation of a transition fund of £2.5 million was announced, to be disbursed during the financial year 2008/2009 to twenty-five Scottish HLCs⁴⁷.

“...but the, kind of initial sense from the meeting was very different than, we’re setting the record straight. It was very much, em, they [HLC Alliance] went in, they started to give their, kind of, blurb around what HLCs were and they [Government ministers] told them promptly, you know, ‘you don’t need to sell us, em, with the, the community-led approach. You don’t need to, em, you know, we, we really understand and appreciate the contribution’” (Respondent 1, health sector).

Although the programme had originated externally to Scottish health policy, the award of transition funding in February 2008 was reported by the Scottish Government to have been made as a concession to take account of the difficulties faced by HLC stakeholders in accommodating to health sector restructuring (see Chapter Five). Here, the decision to grant transition funding was made on the basis of the “difficult timing issue” (Cabinet Secretary for Health and Wellbeing, 2008⁴⁸) which had confronted HLCs. Such an account recalls the importance associated with sector instability in aiding sustainability (Steckler and Goodman,

⁴⁶ CHEX acted as the host organisation for the HLC Support Programme.

⁴⁷ This figure allowed for a capped limit of £100,000 per HLC dependent on sites meeting certain criteria. These criteria are outlined in the following section (8.3.2). Twenty-five HLCs were included within this package as some sites had either secured some form of local funding or had already closed (as was the case for site 3 in this evaluation). A further four HLCs later sought to be included within the transition funding process following the announcement of its establishment.

⁴⁸ See: <http://news.bbc.co.uk/1/hi/scotland/7252825.stm>

1989; Stevens and Peikes, 2006) and again brings to the fore the limitations faced by HLC stakeholders who it appeared only had recourse to emergent strategising (Wilkinson, 1993). Government political positioning of HLCs in this manner was suggested by Respondent 5 to have been made in order to ensure that other community health initiatives, which also faced funding shortfalls, did not make similar approaches to central government:

“...it’s inevitable that the organisations who maybe facing a funding crisis and see healthy living centres getting what might be construed as a bale-out ... may feel that there is unfairness there. ... we recognise that as a possible risk but the decision that the Minister made to provide transition funding for healthy living centres was predicated on the particular unique circumstances that they were Lottery funded, they were supposed to have achieved sustainability by the end of their Lottery funding but because of ... delayed funding decisions and reorganisations, the uncertainty that had created had put the HLCs in a particularly difficult position, in comparison to, to other perhaps locally funded organisations who ... had time limited funding.” (Respondent 5, civil service).

While acknowledging the skills of the Alliance team in their pitch to Ministers, the decision to grant transition funding to HLCs was deemed by several respondents, made in off-tape comments, to have been somewhat politically expedient. Leading to the decision to award funding, government politicians were confronted with increasing evidence of sustainability difficulties facing the community and voluntary sector (e.g. CHEX, 2007a; 2008). Furthermore, representatives from HLCs and other community health initiatives had made approaches to local MSPs with regard to the difficulties their organisations faced. This micro political activity by a number of HLCs’ stakeholders had lead to a number of Parliamentary Questions being asked that were marked by several acrimonious exchanges during debate and Ministers Question time⁴⁹. While individual and collective political lobbying (Dawson, 2003) may have influenced governmental decision-making, several respondents suggested that short-term political considerations (Pfeffer, 1981) may have influenced the award of transition funding.

“...the reality is, really, that organisations are kind of closing all over the place as well as HLCs, em, and I’m not sure, at the time, whether the actual transition fund is a sort of sop to try and quieten down a lot of the, kind of furore that was beginning to hit home” (Respondent 1, health sector).

Furthermore, as suggested in Chapter Two (see 2.2.3), attention to HLCs’ sustainability given by central government may have been linked to a need to be ‘seen to be doing something’ in this instance with reference to political point-scoring following the election of

⁴⁹ See SP, OR 24th January 2008, col 5404-5410; SP, OR 21st February 2008, col 6241-6243

the new SNP Government. For example, the later decision to grant transition funding in 2008 contrasts with the predominant view among respondents interviewed in May 2007 and prior to the election of the new Government. At this earlier point in time most respondents, as discussed throughout section 8.2, had referred mainly to earlier advice that HLCs should seek local funding support. Moreover, it had been explicitly stated in 2007 that it was unlikely that a central government-shaped “white knight” (Respondent 5, civil service) would come to the rescue of the HLC programme.

8.3.2 Transition funding: what does it mean for HLCs?

Wider political manoeuvring was again evident in the way in which government funding was positioned such that its temporary provision was not considered a substitute for future sectoral consideration to be given by CHP/CPPs. As such, the granting of a ‘one-off’ transition funding package was accompanied by several criteria stipulating how it should be disbursed. Scottish Government funding was not to be used in place of other local funding, was to be capped at £100,000 per HLC and used for core costs only, and was to be granted only if an HLC was considered by its local partners to have a “good prospect” of achieving sustainability by March 2009. Responsibility for leading the decision-making process regarding disbursement was to be undertaken locally by NHS boards, who would liaise with other partners so that both HLC and partners agreed to the HLCs’ activities, which were to be aligned to local needs and priorities (Cabinet Secretary for Health and Wellbeing, 2008)⁵⁰. Exploring these developments I undertook several further interviews in March 2008 with some of the respondents. In addition I spoke again with a member of the HLC Alliance and the remaining two HLC managers from my sample.

Although generally acknowledged by respondents to have been a positive development, some mixed reactions were evident following the announcement of transition funding and about how this might affect HLCs. More positively, the Government decision to ensure that funding disbursement was a responsibility of health boards, was suggested by a member of the Alliance to be a political resolution (Pfeffer, 1981) that addressed intransigence in decision-making with regard to HLC sustainability among statutory agencies (see first quotation below). However, as previously discussed, HLC managers had been limited in

⁵⁰ These criteria were stipulated in a letter sent in February 2008 by the Cabinet Secretary for Health and Wellbeing to NHS Board Chief Executives, Local Authority Chief Executives and the Healthy Living Centre Alliance.

their opportunities to present a case for their continuation to local partnerships (see 5.2.1). In accordance with Emerson's (1962) view on how scarcity of resources influences the extent of dependency, HLCs' reliance on local partners' future largesse remained the same. Despite the award of transition funds, comments made by Respondent 1 recall the challenges and concerns raised by Centres' stakeholders with regard to retaining HLCs' original ethos (see 7.4) and of managers' opportunities to engage at a strategic level (see 7.3.1). Criteria for disbursement meant that power to determine transition funding distribution (and that of other local funds) still lay with statutory agencies (see second quotation below):

“...what is clever about the way [the transition fund has been established] is that it makes it clear to local authorities and to NHS boards that they also have a responsibility. ... I think it's been an almost forcing people to the table” (HLC Alliance representative).

“...but are HLCs coming to the table as equal players, equal partners, as should be the case? You know, as part of community planning, or in terms of partnership planning processes, but they're very much coming to the table with the view of being recipients ... it's still very much seen as the recipients of limited funding...” (Respondent 1, health sector).

Reflecting such concerns and following the award of transition funding, one manager considered its provision to be a “side issue” for local partnerships making decisions about future provision of services and the organisations these might be provided by. In this instance the manager of site one argued that any award of transition funding would be likely to have no impact or influence on commissioning models specified by CPPs. Power to determine how future programmes would be developed remained the province of the CPP with multiple organisations eligible to commission for tenders (see first quotation below). Furthermore, the manager contended that the decision about whether his organisation would receive transition funding was contingent upon whether the HLC was awarded a contract with a sufficient level of funding in the first instance. If awarded a large contract, this provided a degree of leverage to argue a case for transition funding (see second quotation below). However, the manager speculated that if awarded a small contract for only part of the services that the HLC had originally provided, then this would affect CHP consideration of whether the HLC was sustainable and whether it was subsequently possible for transition funding to be given:

“...what they [the local CHP] have said to us is that the hundred thousand pounds [transition funding] for us is a side issue in a sense, what they have got is they have got their commissioning process...” (Manager, Site 1).

“...what we’ve been informed by the CHP is that that’s, the caveat on that [award of transition funding] is that, it depends on how much your contract is. If we get a big enough contract then I think they’ll say, ‘well that’s sustainable and therefore ... we’re going to confirm with the Scottish Government ... you can draw down the money’” (Manager, Site 1).

In other stakeholder views, while the transition funding was broadly welcomed as an opportunity for HLCs further to engage in discussion with local partnerships, its provision was suggested to have had no impact on the funding constraints under which these bodies were operating. With local strategic partnerships now responsible for making decisions on distribution of transition funding, parallels can be drawn with the issue of “dumping” (Goodman and Steckler, 1987/1988: 12). In this study, the end of federal funding for projects was followed by sustainability having to be considered by state authorities, despite no additional funding being made available. While central funding for HLCs had now been granted, its distribution was to be determined by local statutory bodies with reference to their future budget allocation. For HLCs, although the criteria for funding disbursement “put political pressure on the CHP board” (Manager, Site 1), no additional money was available at a local level:

“...I don’t think the funding will allow us to ‘do’ anything... certainly not much apart from keep bleating that we are a loss etc. ... I understand that the money is to allow the discussion of further options with the CHP ... but to what extent can they fund/mainstream the work if they do not have any extra money for it. The usual, it’s all very well with the rhetoric on high of ‘health and wellbeing’ at the top of the agenda, but no extra resources to promote it in localities” (Manager, Site 2).

Respondents also discussed how the award of transition funding did not address the challenges of securing the future developmental capacity and role of HLCs (see 7.4). Such matters recall the limitations of being beholden to one or a few funders and the impact this might have on future volatility should funding parameters change (Åkerlund, 2000). Instead, the future of HLCs was considered in relation to how their work addressed centrally and locally defined priorities. For instance, one respondent acknowledged that there was little “slack in the system to support an awful lot of development” (Respondent 5, civil service). Discussing CHPs’ powers to allocate transition funding, Respondent 1 questioned whether the decision to centralise such decision-making might affect HLCs’ opportunities to deliver community-led services specific to the host communities they had originally served (see first quotation below). Having identified such concerns, the manager in site one queried whether the community-led model that had been employed in his Centre was still relevant and, if so, whether it still held an appeal for local people to remain involved (see second quotation):

“...if we’re moving towards, em, you know, national health improvement priorities, which need to be mirrored at a local level ... to what extent, well, those HLCs that do receive [a portion] of this transition funding, to what extent will they be able to sustain and deliver, perhaps, the activities and services that they’ve done, that are very much the priorities of the communities they serve?” (Respondent 1, health service).

“Again, my board are turning round and saying, ‘what’s our purpose here? ... we’re simply the people that are registered at company house and you get a contract to deliver ... based on what the health board wants with no consultation with our organisation, just for our staff to deliver it’” (Manager, Site 1).

Reiterating the emphasis placed on local CHP/CPP decision making and the power these bodies were accorded, Respondent 5 outlined how transition funding for HLCs formed a bridging mechanism to facilitate future sectoral consideration of Centres in the same manner as other community health initiatives. No additional funding was available for the sector to exclusively fund HLCs. Such developments appear to reflect wider systemic consideration more recently given to sustainability (e.g. Gruen et al, 2008) albeit that uncertainty remained with regard to a specific future focus on organisations’ original target groups. In exercising power to determine forms of service provision, local partnerships’ decisions were to be based on their derivation of locally determined priorities and incorporation of nationally translated targets. With more organisations requiring resources than before, limitations to funding were linked to future rationalisation. Not all HLCs or other community health initiatives were likely to be sustained over the longer-term:

“...what goes to Health Boards, em, Local Authorities, is a finite amount ... Em, not everybody will be able to get what they want and, you know, I don’t see, longer term, every organisation that’s currently up and running being there in the future. What we need to try and do is create an environment where we do have a sustainable future for the most effective and efficient organisations that can help deliver local priorities, whatever they happen to be at the time.” (Respondent 5, civil service).

Thus, while transition funding offered a life-line to HLCs seeking imminent closure, its provision only provided additional time for HLCs to engage in discussion with CHP/CPPs, rather than offering any form of guarantee that these partnerships would be able to sustain the HLCs in the longer-term. Rather, HLC sustainability now appeared bound within these wider decision-making structures and their determination of ways in which wider sectoral and larger communities’ needs might be met.

8.4 Summary

This chapter focuses, in the main, on understandings of respondents who operated at a remove from the HLCs, but whose roles facilitated further insight into, and examination of, the wider political and funding contexts facing Centres seeking sustainability. The timing of these interviews enabled a retrospective focus to be applied to actions undertaken by HLC stakeholders over time coupled with an examination of perspectives that provided a wider strategic view of HLC sustainability. Respondents' accounts illustrated the particular difficulties that stakeholders had faced in articulating and seeking recognition for HLCs' models of community-led and community development work.

Such accounts often offered *ex post facto* explanations and justifications for why HLCs were floundering. These included: a focus given to the UK-wide roll-out of the programme and often poorly developed links with and consideration given to HLCs in Scottish health policy; and, temporal aspects linked to wider sector restructuring. Furthermore, the role of the BLF was questioned by several respondents who argued that this organisation had given insufficient attention to developing links between HLCs and local structures supposedly responsible for sustainability. It was suggested that the overlap between the reporting of the community-led task group (see CLTG, 2006b) may have led to raised expectations regarding the future of community-led work, and detracted from attention to the particular issues that HLCs faced. Greater attention to temporal positioning of when sustainability should be considered was suggested by several respondents, coupled with earlier and increased attention to be given to monitoring and evaluation.

In the second section of this chapter an exploration and account of the later attention given to HLCs' sustainability by central government is outlined. This section explored the reasoning that led to the establishment of an HLC Alliance lobbying group which presented a case for central funding to sustain the programme. Examining the success of this appeal, the political circumstances which were suggested to have had an influence are brought to the fore. Latterly, discussion with regard to the merits of transition funding explore how it was to be disbursed and the ways in which this package had done little to alter the requirements that HLCs seek sustainability through continued approaches made to local partnerships.

9. DISCUSSION AND CONCLUSIONS

9.1 Introduction

My study addresses a gap in the approaches taken to explore and understand the ways in which short-term funded community health initiatives consider longer-term sustainability. To address my study aims (see 1.3), I used a qualitative methodology to identify and enhance understanding of the processes relevant to sustainability strategising within a sample of community health organisations, termed HLCs. Expanding conceptual understandings of sustainability through undertaking research when stakeholders were actively seeking sustainability, the prospective nature and longitudinal aspects of this study contrasted with often retrospective accounts in the literature (see 2.4.1). This approach enabled me to address multiple research objectives (see 1.3) in my analysis through exploring contextual settings in more depth and in examining organisational, sectoral and national influences on Centres' discussion of sustainability over time. In so doing, I drew on the strategy literature to examine how these influences were construed by HLC management and stakeholders seeking to perpetuate Centres' methods of work and to consider the constraints that were faced. The themes that HLC stakeholders' findings generated were complemented and further explored through analysis of accounts gathered toward the end of fieldwork from individuals in relevant policy, practice and funding positions.

In this final chapter I have sought to extend my discussion, better to incorporate the emergent ways in which sustainability was considered over time. First, I have summarised the research findings from this study. Second, I have consolidated the findings presented in Chapters Five to Eight in order to situate my work within the literature. This includes literature identified at the outset (see Chapters Two and Three) and that which became more salient as the study progressed. This section reflects explicitly upon the original aims and objectives of my PhD study and discusses how these have been met. Third, and again drawing on my findings, I identify and explicate a series of recommendations of ways in which policy and practice might benefit in terms of guiding and supporting the sustainability efforts of future short-term funded community health initiatives and organisations. Finally, I show how findings from my research have practical implications which can be used to advocate for further research into sustainability of short-term funded organisations.

9.2 Summary of research findings

This thesis draws on the qualitative accounts of forty-seven stakeholders associated with three HLCs and who comprised managers, staff, board members and partners. Multiple interviews were conducted over time with each of the three HLC managers. These interviews were complemented with accounts provided by eight respondents working in relevant policy, practice and funding environments, with two of these respondents interviewed twice. This study adds to and expands upon the body of knowledge on sustainability of community health initiatives as no other account was identified in the literature which explores the processes engaged in by stakeholders seeking sustainability while still in receipt of original funding. The prospective nature of this study and use of qualitative process research aided further exploration of several hitherto accepted understandings of sustainability. In particular, this methodology enabled in-depth examination of contextual effects on known sustainability influences and exploration of changes over time within contexts that affected such influences.

Evident throughout my analyses, health sector restructuring was closely linked to stakeholders' uncertainty regarding HLCs' sustainability. Operating in an unstable environment, each site experienced disruption to their relationships with host organisations and individuals who had previously acted as champions. Restructuring brought about the development of new statutory-led partnerships, often with responsibility for areas larger than boundaries operated by HLCs and with new mandates to ensure work was undertaken to address health inequalities. Uncertain of how this restructuring might fully impact HLCs, several forms of potential compromise better to adapt to CHP/CPP partnerships boundaries and remits were explored by stakeholders. Sites differed in their deliberations according to their original project design and geographical boundaries. These comprised attempts to take account of original target communities and efforts to continue community-development approaches. Discussion surrounding compromise was often characterised by top-down proposals guided by local partnerships (and potential funders), several of which conflicted with Centres' original roles as platforms for innovation, responsive to communities' needs.

Sector restructuring was associated with multiple changes to the availability and ways in which funding was to be disbursed for community health organisations. The increase in focus applied to targets across CHPs/CPPs was discussed in terms of the restrictions this

placed on obtaining support for developmental pieces of work and on funding for small geographically bound organisations. Funders' priorities were a powerful influence on organisational activity and strategic direction. Difficulties were evident in HLC stakeholders' ability to demonstrate effectiveness of their community led and community development work to address targets often set within clinical frameworks. In attempts to address such matters HLCs devised alternative methods of demonstrating their work. These included: using models of best practice; production of reports/external evaluation; and, through undertaking surveys. Differences emerged between sites with the statutory-led Centre having enhanced access to CHP decision-makers (see also Bridge Consortium, 2007). The importance placed on managerial roles became increasingly clear as attention differed between sites regarding the attention given to evaluation.

New funding practices and power held by mainstream agencies was associated with greater emphasis placed on the continuation of particular services rather than established HLC infrastructures. Limited consideration of HLC models of work paralleled several of the issues explored in the mainstreaming literature (see 3.3.4) and often focused on maintaining aspects of Centres' work aimed at addressing new targets. This was made clear in funders' proposals which led some sites to focus on the theme of 'worklessness' and which some stakeholders felt placed restrictions on Centres wider health inequalities remit. With limited availability of mainstream funding, Centres made approaches to the BLF. Development of BLF bids was deemed challenging as Centres sought to address the needs of local funders from whom they also sought funding while also having to consider how their work might be adapted to address BLF criteria.

Drawing on the strategy literature enabled new perspectives to be given to sustainability issues confronting HLC stakeholders as dynamic accounts of managers' attempts to influence newly forming local structures were explored. Strategic opportunities differed between sites, as community-led Centres found it more difficult to obtain strategic roles within developing partnership structures (see Bridge Consortium, 2007). Overlaps in geographical boundaries with local partnerships assisted the statutory-led site in gaining a strategic role. However, the community-led sites' exclusion was attributed to the power of larger partnerships to determine working frameworks. Within community-led sites it was evident that differences between training opportunities and managerial support had affected understanding and decision-making capabilities of management groups. Much reliance for

strategic direction was placed on HLC managers while differences were found both in managers' capabilities and willingness to undertake such roles.

Stakeholders sought to retain models that allowed Centres to continue to innovate and respond to emergent community needs. However, funding options and consideration of strategy by HLC stakeholders was often associated with how restructuring might impact on innovative practices considered central to each HLC's ethos and identity. The rational versus reasonable construct (see Backett and Davison, 1992) was used to explore responses to threats exposed by new funding models with managers found to suggest 'reasonable' compromises to allow continuation of Centres' original approaches. Several of the compromises being considered were thought likely to impact on Centres' values, affecting which target groups future work might be directed towards and staff members desire to continue their employment.

Accounts from individuals working in policy, practice and funding environments offered new perspectives on issues discussed by HLC stakeholders. Reinforcing earlier accounts, sector restructuring was linked to difficulties in defining future roles for HLCs. Uncertainty surrounding HLCs' roles was suggested to arise from the difficulties Centres' stakeholders experienced in articulating their use of, and ways in which they might seek to continue using, community-development methodologies. The programme's English policy origins, late development of external support structures and inattention from its Lottery funder were suggested by respondents to have led to HLCs' insularity from the wider health sector. Wider policy relevant work in Scotland which aimed to promote community health activity was felt to have detracted from specific concerns regarding HLC sustainability.

It was also suggested that the actions of the BLF had helped instil a sense of residual responsibility toward the programme, which had been exacerbated by its provision of funding to implement the HLC Support Programme. Limited in its ability to advocate for HLCs, the Support Programme aided initiation of a group with lobbying powers to enable approaches to be made to central government to seek funding assistance. Unexpectedly, these approaches were rewarded with provision of a year's 'transition' funding, ostensibly provided to address difficulties arising from sector restructuring. Alternative propositions indicated that national politics and attempts to quell community sector unrest may have influenced decision-making. Transition funding was presented as a temporary fix as HLCs

were still required to approach local partnerships and uncertainty remained regarding how community development methodologies might be sustained.

In summary, HLCs were beset by a series of issues which limited stakeholders' opportunities to more effectively plan for how the organisations might be sustained. Internally, it appears that Centres were established without due attention given to establishing wider sectoral links, to staff roles and to evaluation systems to aid sustainability. Externally, over time, sector restructuring, reductions in funding and limited attention given to HLCs by partners, funders and policy-makers all contributed to difficulties in finding a sectoral fit for Centres. In the sections which follow I explore in more depth some of the issues to have arisen from my study.

9.3 Discussion of findings

In this section I explore and expand upon how findings from my examination of HLC strategies address the study objectives introduced in Chapter One and the literature introduced in Chapters Two and Three. As might be expected my exploratory focus broadened as themes emerged during fieldwork. For instance, while one of my original research questions (see 1.3) framed attention on the influence of HLCs' original partnerships on Centres' sustainability, it was soon apparent that sectoral restructuring, which led to the establishment of new strategic partnerships (e.g. CHPs and CPPs) was of greater significance. While differences between Centres' constructions did impact on sustainability strategising (and are noted in this discussion accordingly), the research indicated that system-wide and sectoral interests often had greater impacts on HLC stakeholders' sustainability discussions (see Bridge Consortium, 2007). Furthermore, while one of my objectives outlined that a focus would be applied to HLCs' community development practices, attention to this feature was more broadly considered in a wider examination of adaptability and threats to HLC identity and ethos. In the main and despite changes to the wider sector, I was able to retain a broad focus on the original aims and objectives as these had been phrased in such a way as to permit exploration of HLC stakeholders' evolving accounts.

9.3.1 Restructuring and sector instability

In this section I consider ways in which my study addressed the first of my research aims: to examine sustainability prospectively and to determine influences which impact on sustainability within the HLC, wider partnership structures and the local health economy. This section also discusses whether and how my study met several linked research objectives, including: attention to locating HLCs within wider health sector frameworks; and, the impacts of changing Government policies on HLCs' strategising.

It was notable that stakeholders' accounts in this study appeared to bear a strong similarity to the majority of studies of sustainability and the use of stage models whereby implementation is followed by evaluation that is used to promote the need for future continuation (Pluye et al, 2004). This was reflected in the limited attention given during phase one of the evaluation (see Platt et al, 2005a) and by the accounts of those working in newly restructured partnerships who spoke of the very limited ways in which HLC sustainability was considered. Whereas more recent accounts of sustainability advocate that systemic consideration is given at the outset (e.g. Pluye et al, 2004) and throughout the sustainability process (Gruen et al, 2008; Johnson et al, 2004), HLCs Lottery-funded construction and sector restructuring drew attention to their lack of integration within the host sector and lack of attention given by funders over time.

Sector immaturity

Having proposed in my objectives to explore sectoral influences and attention given to HLCs within wider health sector frameworks, my analysis elucidates how the maturity of the host sector, usually termed institutional strength (Shediac-Rizkallah and Bone, 1998), was found to be a central influence on discussion about Centres' sustainability. Whereas stability of resources is suggested to influence sustainability (Pluye et al, 2004), sector restructuring was found to lead to an impasse in each of the sites with HLC stakeholders struggling to formulate strategies that were appropriate to sustain the organisations. Stakeholders faced constraints as they were contingent upon knowing the availability of funding from local sources and, the future shape of the sector in which they worked and in which they would have to fit their services and models of work. Throughout Chapters Five to Eight, it was evident that power to determine funding allocations was vested within mainstream agencies and partnerships which were implementing new policy-led proposals for systems to address health improvement and health inequalities. As became evident over time, many of the

strategic funding decisions made (or requiring to be made) by Centres were contingent upon decisions yet to be taken by newly devised local partnerships (see 6.2.3). As this suggests, HLC managers and stakeholders had limited influence over the longer-term sustainability of the organisations, where were, in the main, governed by external partnerships with responsibility for disbursing funding.

While sector restructuring might ordinarily be considered part of the “recursive and reflexive character of sustainability” (Pluye et al, 2004), it is questionable whether retrospective accounts could have been utilised to explore the impacts on HLC sustainability discussions caused by sectoral change. Hence, my undertaking of a prospective approach offered new insights into the impacts of sector restructuring. Taking into account the changes underway within the health sector (see 2.3.6), the examination of HLC stakeholders’ strategising resonated with Dawson’s contention that large scale organisational change should not be characterised as a rational series of decision-making activities and events (2003: 173). Despite managers’ initial portrayals of rationality and attempts to ‘wait out’ a final settlement, continued instability more often resulted in evolutionary strategising (Whittington, 1993) and ad hoc consideration of ways in which the Centres might better accommodate to a health system in flux. These findings suggest that HLCs’ stakeholders consideration of sustainability was framed and driven by the evolution of wider partnership structures and, more broadly, the local health sector.

Persistent sector instability

The HLC programme was a vanguard attempt by Government to establish, to varying extents, community-led and community-based organisations to address health improvement and health inequalities. However, and linked to my objective to explore the impact of changing Government policies on HLCs’ strategising, it was evident that policy recognition for such approaches followed Centres’ establishment. Hence, a policy-lag meant attention given to the community-led ‘pillar’ of health improvement (Scottish Executive, 2003a) only took effect after Centres had been operating for several years. Even then, Centres’ attempts to secure sustainability reflected the wider challenges of implementing such a policy approach within the health sector with further work undertaken to investigate the fit of community-led initiatives within new partnership structures (see CLTG, 2006b). Indeed, at the time of writing, work was ongoing to address implementation of CLTG recommendations (CHEX, 2008) to provide community-led work greater recognition and support from statutory-led partnerships. This work, and my findings detailing challenges

which confronted HLCs when seeking funding agencies' recognition for such methodologies, resonates with Johnson et al's (2004) recommendation that attention be given to an "adaptive ... system" in which organisations and projects might be sustained. For instance, HLC stakeholders' accounts illustrate how Centres faced barriers in gaining recognition for their models of work prior to such a system being established. As findings in this study underline, systemic attention to developing an adaptive system was not in alignment with HLCs' funding cycle, in particular as there were no 'timely' resources available to aid sustainability (Goodman et al, 1993).

Funders' roles

Action to address the support needs of HLCs only came into effect in 2005, toward the midpoint of Centres' implementation, with the development of the HLC support programme. This delay in providing support resonates with studies that suggest funders' emphasis is often given to "expecting or hoping for sustainability" (Weiss et al, 2002: 1) and reflects neglect in taking an active role as many funders "too often fail to do enough, early enough, to ensure sustainability" (The Cornerstone Consulting Group, 2002: 9). While the Support Programme originated following recommendations of an earlier study (Hashagen and Jones, 2003) it is notable that other large-scale BLF-funded programmes have been provided with support from their inception (GHK Consultants, 2006). These findings help address my original objectives by explicating ways in which HLCs were located within wider health sector frameworks. For instance, respondents' calls for the earlier establishment of support structures to enhance linkages, suggests such attention was needed yet lacking. Moreover, respondents felt that HLCs may have constructed the role of the Support Programme as a 'crutch', which in turn may have detracted from Centres' own sustainability efforts. Although there was an absence of such accounts among HLC stakeholders in this study, these findings accord with managerial accounts in the evaluation of the Support Programme (Sridharan et al, 2008).

Despite the attention given to local funders and regardless of the delays in initiating the Support Programme, the findings illustrate how political actions were, in the end, one of the few options open to HLCs seeking to secure some form of continuation funding. Having set out in my objectives to explore the impact of changing Government policies on HLCs' strategising, it was evident that policies resulting in sector restructuring had created strategic impasses, which were only latterly addressed through wider politicking at a national level. Attention to the importance of politics was made evident as the Support Programme was

limited in its advocacy role, which led to the development of the HLC Alliance. In the formation of the Alliance, Centres' embeddedness (Pettigrew, 1985) within a larger network of other HLCs was made evident. Such external political activity recalls Dawson's (1994) contentions regarding the importance of politics when organisations consider transitions. Such recourse to politics suggests that short-term funded initiatives may only have limited roles in developing strategic priorities associated with sustainability as unequal power relationships and decision-making are guided by those who control the "gold" (Pfeffer, 1992).

9.3.2 Limitations to funding

In this section, I discuss my findings with relevance to my stated objective and proposals to examine Centres' original sustainability plans and ways in which these related to evolving strategic discussions about sustainability. Analysis of both stakeholder and external respondent interviews revealed that a number of systemic processes appeared to influence and affect how the attention given to future funding was constructed. Generally the views expressed illustrated how stakeholders' opportunities to take a strategic orientation and engage in intentional planning were affected by systemic changes that limited the timeliness of consideration given to HLCs by funding agencies and of access to new funding opportunities. Furthermore, the positioning of HLCs at the outset of their Lottery funding and the limited emphasis placed on sustainability left few options but recourse to large funders. In contrast to the multiple ways in which programme sustainability has been framed (e.g. Shediak-Rizkallah and Bone, 1998), HLCs' original bid proposals appear unrealistic and may have constrained wider consideration of sustainability. This is examined in more detail below.

Product and process tensions

Having set out in my objectives to explore the links between bid proposals and evolving strategic discussion, my analysis illustrates a divergence in attention given by stakeholders to infrastructure and to service delivery. As managers' accounts made evident and regardless of new funding packages, an emphasis continued to be placed on original bid proposals and organisational sustainability. Yet, as previous research has suggested, a product-process tension exists for CCIs (see 3.3.3) whereby funders seek the product produced by organisations rather than securing the future of the organisational infrastructure which

delivered the work. This tension surrounds funders' desire for quick returns and delivery of services/products versus the longer time-frame involved in community-led and community development activity (see also Bauld et al, 2005). Such work and the attainment of goals, it is argued, requires attention be given to both process and product (Bauld and Judge, 1999). Hence, from a funding perspective:

“...for many community-based initiatives, the sustainability challenge is not just about replacing the original [funders] money. It is about replacing the money with *like* money, with flexible resources that allow the continuation of collaborative, community-building processes...” (Cornerstone Consulting Group, 2002: 13, italics in original).

However, my findings illustrated how conflicts arose between managers and management groups' desire to sustain organisational approaches, and funders newly developing approaches to service delivery. Reflecting Centres' bid proposals to sustain the organisations, stakeholders made strategic attempts both to secure a future for HLCs' services/products and for the innovative and developmental processes which many sites had established. Such conflicts were associated with local partnerships' limited availability of funding and their emphasis given to procuring work to address health-related outcomes defined by performance targets which resonated across the public sector at the time HLCs were discussing sustainability (see Boyne, 2002). Interviews made clear that greater attention was being given by funding bodies to contracts for and commissioning of services, which were thought by managers to place restrictions on attention given to original HLC target groups and community-development methods of work. Despite several claims of residual need requiring continuation of original services and organisational approaches, it appeared that funders' attempts to mould HLC services were driven by political agendas governing allocation of funding. This reflects more recent concerns regarding the reduction in 'grant' style funding within the community and voluntary sector and its replacement with what are suggested to be more restricted forms of funding such as contracts and commissioning (Finance Hub, 2008). This suggests that regardless of sector restructuring and changes to funding models, Centres' original bid proposals guided their strategic discussions throughout.

Mainstreaming

The analysis of HLCs' attempts to secure mainstream funding further addresses my objective to explore how bid proposals affected strategic discussion. In the literature, diversity of funding sources is considered an aid to sustainability (Goodman and Steckler, 1987/1988;

Scheirer, 2005; The Finance Project, 2002). Yet throughout the study stakeholders discussed how the size of funding packages originally awarded to HLCs had limited the ways in which future funding might be attained. Indeed, the suggestion at the initiation of HLCs that sustainable funding be sought from mainstream agencies (Department of Health, 1998b) appears to reinforce Lever's critique that area-based initiatives look to the mainstream for the "wrong reasons" (2005: 13), namely through focusing on continuation funding. Furthermore, restructuring appears to have contributed to the 'weak links' suggested to affect mainstreaming (DETR, 2002). It was apparent that changes to the roles of local statutory organisations and introduction of new local partnerships, with new geographical boundaries, often affected the ways in which HLCs could engage with and seek local support. This was made manifest in the discussion of how changes to partnerships had affected relations with and opportunities to engage champions who resided in newly restructured statutory organisations. With regard mainstreaming, it appears that HLCs' original funding models acted as a constraint on ways in which the organisations might be sustained. The initial award of large BLF funding packages, coupled with bid proposals directing continuation of the organisation, resulted in mainstream agencies being among the few bodies with the potential to be able to support the Centres.

Linked to my second research objective, it is evident that links can be drawn between Centres' original construction and the limitations managers faced in obtaining strategic influence. For instance, the struggles reported by HLC managers in gaining local partnerships' attention relates to what Lever (2005), discussing area-based initiatives, considers the dominance of vertical structures over horizontal structures. In this study stakeholder accounts illustrated how attempts to procure mainstream funding were contingent upon and determined by the power of funding partnerships to frame its allocation. Latterly in my study it was evident that greater recognition was being given to the difficulties faced by HLCs seeking to secure mainstream funding. Following the decision by the Scottish Government to distribute transitional funding to HLCs, external respondents indicated their expectations that recommendations from the CLTG report (CLTG, 2006b) would improve the manner in which statutory bodies gave consideration to community-led organisations such as HLCs (see 8.2.1). The timeliness of such an initiative while likely to aid future community-based initiatives was out of step with HLCs' attempts to secure mainstream funding.

9.3.3 *Adaptability to changing conditions*

This third section explores the second of my research aims and linked research objectives, which proposed to examine: the influence of strategic decision-making on Centres' future work-plans; and, the emphasis placed on models of community development when efforts were made to sustain the organisations. Exploring the former objective the findings from my study support a number of others regarding the need for projects and organisations to adapt and respond to changing conditions in order to secure sustainability (e.g. Scheirer, 2005; The Finance Project, 2002). My prospective exploration of HLCs' attempts to continue community development approaches are used to frame ways in which Centres' identity and ethos was positioned, while expanding on and unpacking several of the issues related to adaptability, which were introduced in the literature review (see 3.3.3). These findings and analysis are used to illustrate differences which existed between HLC stakeholders' ability and willingness to adapt to take account of changing conditions in communities, host sector and health policies. This exploration highlighted several significant constraints faced by HLCs in their ability to adapt and to ensure a fit with both communities' and funders' needs (Shediac-Rizkallah and Bone, 1998).

Systemic constraints: limited opportunities to engage in structuring structures

In addressing the next linked research objective, the process accounts illustrated how managers often sought strategic roles that would enable them to influence the wider environment and structures with responsibilities toward HLCs' sustainability. As Burnes (1996: 127) states:

“A person or group's position in the structure will determine such things as their influence on planning, their choice of technology, the criteria by which they will be evaluated, allocation of rewards, control of information, proximity to senior managers and their ability to exercise influence on a whole range of decisions”.

In this thesis, for example, managers attempted to influence forms of evaluation and to guide the work of local sub-partnerships (see 7.2.1). These findings support Johnson et al (2004) who suggested that structures should be strengthened to ensure systems are receptive to and able to accommodate integration of new initiatives. Expanding on Johnson et al's account, findings in this study suggest that managers were active agents in making attempts to ensure an adaptive system better to aid sustainability. Such managerial activity has not been previously examined in the sustainability literature. Addressing my objective to explore and extend ways in which strategising applies to Centres' sustainability, my findings offer insight

into ways in which managerial strategic manoeuvring was used to influence wider sectoral decision-making with regard HLC continuation. As my findings have shown, some managers made attempts to formalise such roles in future to allow them better to engage with and understand health sector practices. Furthermore, it was indicated that increased formalisation of such roles might lessen the requirement for future and protracted deliberations regarding a Centre's sustainability. This is in accordance with Gruen et al (2008) who suggest that conceptualising sustainability at a systemic level should encourage programme planners to establish ways in which to engage a range of stakeholders to strengthen connections.

However, although managers attempted to influence structures, my findings illustrated that their roles were limited and further restricted by restructuring which was shown to lead to fewer strategic opportunities for community-led sites than had previously been available. While Gruen et al's model acknowledges the role of "powerful stakeholders", the systemic account they offer is limited to one whereby the context comprising sociocultural, political, geographical and health system characteristics is deemed to be "relatively fixed" (2008: 1584). As findings in this thesis illustrate, systemic restructuring pervaded HLC stakeholders' discussion of sustainability and drew attention to differences in the power of funding bodies to influence consideration given to sustainability. Whereas Burnes (2004) suggests that managers have some (limited) degree of strategic choice, the constraints faced by HLC managers' approaches to external funders suggest otherwise. This was framed by external respondents who argued that the BLF had not given sufficient attention to ensuring that the programme became embedded within local structures (see 8.2.3) and which appears to have limited opportunities to obtain influence at a local level. Yet, as noted in the previous section, whether the HLC programme had been better embedded within local structures or not, systemic instability was shown to remain a barrier to managers' strategising throughout this study.

Organisational constraints: how adaptable is it?

Throughout the literature, while adaptability and responsiveness are noted to aid sustainability, the same processes raise concerns regarding future impacts on how a programme or organisation might function. Several unexplored questions have been raised by a number of studies regarding how any modifications made might affect subsequent attainment of an intervention's original objectives (O'Loughlin et al, 1998; Stevens and Peikes, 2006). Similarly, having reviewed and found evidence for the sustainability-promoting benefits of

adaptation, Scheirer (2005) questioned at which point a programme might no longer be considered the same. The process perspective in this thesis offered some insights into such concerns. In an extension of my objective to explore the future emphasis placed on models of community development (see 1.3), my analysis indicated that the adaptability of a project or organisation can be constrained by proposed changes which deflect and alter the original organisational focus and identity.

Similarly to Burnes (2004) notions regarding the importance of organisations' 'memory' in relation to strategic change, my process perspective and the accounts of stakeholders suggested that greater attention might be given to historical mandates and previously established working practices when exploring sustainability. In HLCs, the need to adapt was associated with concerns regarding whether and how any changes might affect the Centres' future appeal to original target groups (see 7.4.2). In addition, reflecting concerns prevalent among CCIs (Sridharan et al, 2007) managers focused on a desire to retain the developmental aspects of their work and innovative ethos enshrined in their original BLF mandate. Analysis of managers' 'reasonable' (Backett and Davison, 1992) compromises suggests that adaptability and responsivity are perhaps limited by, and to, the way(s) in which an organisation has developed over time and the challenges that can arise from having to consider changes that conflict with original models.

Adaptability and threats to the organisation

In further exploration of how strategic decisions might impact on future work-plans (see 1.3), my findings examined proposed changes to service delivery formats and of how these might affect staff motivation to continue working at a HLC. Drawing links with existing research, it has been suggested that the perspectives of all individuals within an organisation need to be integrated when attending to sustainability (Coule, 2007; Mancini and Marek, 2004). However, in my PhD study, some funders' proposals were considered by staff members to limit attention to certain target groups. As highlighted above, funding proposals sometimes contravened attempts to perpetuate HLCs' original identity and ethos, as little support for innovative community development practices was on offer. Threats to HLC models arising from proposals to adapt work-plans led several staff members to question whether they wished to continue working for Centres (see 7.4.1). Furthermore, with continued systemic uncertainty, few guarantees were available to staff about whether their jobs would remain or if their existing skills-sets were relevant to service delivery specifications of new funding proposals. Enduring such uncertainty, staff and managers

appeared to be alienated by the process of discussing sustainability whereby the organisational values which guided their original employment seemed to be being eroded. Having established a set of values which had guided staff and board members, potential changes to work affecting these values might be detrimental to the continued support of staff deemed important to sustainability. As research within the voluntary sector has illustrated, consideration of strategy should be given to:

“The ethical integrity of the organisation, the degree to which the organisation’s performance actually serves the public good, in the broadest sense of the term, and the degree to which the treatment of employees and volunteers honours the moral and social values that the organisation intends to project in its service work.” (Jeavons, 1992: 416).

9.3.4 Providing evidence and gaining recognition

In this section, and addressing my final research objective, I explore barriers which limited stakeholders’ opportunities to demonstrate HLCs’ effectiveness. Although managers were cognizant of the need to demonstrate the effectiveness of HLCs’ work many noted how difficult an undertaking this presented. A lack of emphasis given to evaluation at the commissioning stage and the complexity of the Centres themselves contributed to these difficulties. Yet despite attempts to provide evidence to funders, my findings suggest that difficulties in reconciling HLCs’ evidence with the requirements of funding bodies affected the use of evaluative data.

Local evaluation

While it is acknowledged that community-based programmes are difficult to evaluate (Shediac-Rizkallah and Bone, 1998; Mancini and Marek, 2004; Judge and Bauld, 2001) models of theory-based evaluation (e.g. Connell and Kubisch, 1998) have been suggested for use in community initiatives (e.g. The Finance Project, 2002; Judge et al, 1999). Despite the existence of such approaches it appeared from accounts of external respondents that oversight during the design phase of the HLC programme, coupled with delays to provision of guidance and support for HLCs, affected whether and how evaluation was undertaken in Centres. That there was no discussion among either respondents or stakeholders regarding a site’s readiness to undertake an evaluation (Mancini et al, 2004; Wholey, 1994) is of concern, particularly as HLCs were newly established and given the known complexity of community-based initiatives in general. The lack of guidance and support was made manifest

in site three where a failed attempt to utilise results from a survey, mirrored the known difficulties associated with the use of traditional experimental approaches to evaluation in such settings (Judge and Bauld, 2001).

In part this may be because the imperative underpinning longer-term assessments of community-based work was not fully appreciated by the HLC. However, findings from across sites confirmed that the BLF focus on outputs limited the attention given by Centres to how their work was directed towards longer-term goals (Hashagen and Jones, 2003; Platt et al, 2005a). Moreover, and as alternative approaches to evaluation adopted illustrate (see 6.2.3), differences appeared to exist among stakeholders regarding precisely what features of interventions might be evaluated. As Chen (2002) notes, programme maturity is essential prior to conducting an evaluation.

Moving goalposts

Similarities between my findings and those of other studies of community-based programmes surrounded the barriers faced by HLCs in obtaining wider recognition for evaluations which illustrate the processes involved in their work (Hills, 2004). In accordance with Hills, my study revealed a contrast between how funders represented their evaluation requirements and the purposes originally understood by HLCs. While sites one and two reported their efforts to portray the process of service delivery and developmental learning which arose, funders' (e.g. CHP stakeholders) accounts illustrated how their focus had switched to one requiring the provision of health-related outcomes. With more restricted funding availability, such accounts accord with Hills finding that a switch from 'learning' to target-driven policy is often dependent on the state of public finances. Hence, funders who were often more clinically-oriented often spoke of performance assessment frameworks, clinical targets and the difficulties faced in reconciling HLC process-oriented accounts to these. As illustrated, managerial concerns reflected the 'ethics' of a switch from 'learning' to what were portrayed as unrealistic demands to produce evidence of long-term outcomes. Similarly, Hills and King (1993, cited by Hills, 2004) found that funders in the project which they were evaluating increasingly sought evidence regarding accountability toward addressing national targets. Finally, it was apparent that clinical targets and 'scientific principles' used in their production were deemed restrictive, in particular where no evidence-base existed by which to judge the merits of innovative work practices.

What use for HLC evaluations?

Given the increased focus on target-driven policy-making which appeared to guide funders, my study offers insights into barriers to use of evaluation data (Scheirer, 2005). For community initiatives in particular, the systemic focus on ‘accountability’ meant that sites’ evaluations and the multi-site evaluation of several HLCs (see 6.3.1) were deemed of little use in CHP decision-making. Instead, wider political actions such as the use of supportive reports (e.g. CLTG, 2006b), were cited as ways in which to address the shortcomings of funders’ focus on outcomes and to direct attention on HLCs’ work addressing national aims and objectives. Similarly, an inability to reconcile HLC evaluation data with target-driven outcomes did not preclude the reallocation of ring-fenced funds to support the Lottery bid submitted by site 2. Furthermore, no evaluation data was produced when HLC Alliance approaches were made to the Scottish Government and in the decision reached to award transition funding.

However, it should also be considered that complex community-based programmes have in the past been poorly specified which has made evaluation difficult (Owen and Rogers, 1999). For instance, Salisbury (1999) argued that HLCs deserve evaluation but noted the “nebulous and idealistic” terms expressed in their documentation, such as “ownership and empowerment”, were not easily measured. Whether attention to provision of support including that of evaluation would have assisted HLCs is questionable.

9.3.5 Summary

In this section, I have reflected on how my findings meet and address the aims and objectives detailed in Chapter One and, where necessary, how I have extrapolated from these to provide a reflective account of emergent themes. The analysis of stakeholder and external respondent interviews revealed a number of sustainability influences that have been suggested to impact on longer-term continuation within the wider literature. Several expansions to previous formulations of sustainability factors were suggested. In contrast to retrospective accounts, and in applying a process perspective, this study was able to better explicate some of the origins of these influences and efforts undertaken by organisations’ stakeholders to address them in attempts to aid sustainability. Notably, the study illustrated that HLCs faced intransigent sectoral constraints which in turn affected many of the influences and factors thought likely to improve opportunities to be sustained.

9.4 Implications for practitioners, policy-makers and funders

In this section I posit implications arising from my study which might affect the attention given to sustainability: by short-term funded community organisations and their stakeholders; by partners, partnerships and potential future funders; by bodies such as the BLF who initiate such programmes; and, by those working within health policy contexts. I have sought to avoid repetition of recommendations made by the Community-led Supporting and Developing Healthy Communities task group (see CLTG, 2006b; CHEX, 2008) surrounding appropriate levels of funding and improved infrastructure support. In addition, I have made efforts to avoid repetition of recommendations made surrounding roles for the BLF in aiding sustainability (see GHK Consultants, 2006). Rather than restate the recommendations of these studies I have sought to add to and expand upon them by drawing on the unique perspectives gained in the study of sustainability processes.

9.4.1 Programme design

The importance of local applicability of Centres was evident throughout my findings, while changes underway within local health systems and structures draw to the fore questions regarding whether HLCs are able to endure upheaval. With these multiple changes in mind, how might programme design be considered to aid future initiatives' attempts to improve sustainability?

Give consideration to sustainability and its different forms from the outset

At the outset of the programme evaluation it was evident that only very limited attention was given by programme developers to how participating HLCs might consider sustainability when requests for bids were being sought. As Pluye et al suggest: "what is planned and implemented also depends on what is sustained" (2004: 127). This concomitant process, Pluye et al argue, offers earlier opportunities to influence sustainability. It is suggested that if more consideration had been given by those initiating HLCs and by Centres' wider health system partners, then greater attention could have been given to long-term resources from an earlier point in time. Such arguments also accord with debate about whether it is possible to separate consideration given to implementation from the wider policy process (see Schofield,

2004). In the case of HLCs, Centres' sustainability was mooted as part of the policy which launched the programme suggesting that implementation and continuation might have better been considered in conjunction with one another from the outset.

Furthermore, greater consideration might be given to the type of sustainability sought. As parliamentary debate indicated and with bid documentation seeking information about how partners might assist Centres in future, sustainability was presented at the outset as the continuation of organisations beyond the end of Lottery funding (see 2.3.2). Arguably these propositions constrained ways in which HLC stakeholders conceived of sustainability. Indeed, it is possible that the way in which sustainability was conceived may have led to unrealistic expectations from the outset. Attention appeared exclusively focused on securing funding to continue the organisations, despite wider literature suggesting that perpetuation of an organisation is not always desirable (Bracht et al, 1994; Glaser, 1981). Although several sites, which formed part of the wider evaluation, along with non participating HLCs (see NHS Health Scotland, 2009), did discuss alternatives such as capacity building, these were a minority⁵¹. As such, funders might better promote and ensure that the attention of those devising bids for future community health organisations is given to a wider array of potential ways in which impacts from an initiative might be sustained when short-term funding ends. This might ensure that the search for continuation funding is not one of the few options examined by short-term funded initiatives (see also Lever, 2005).

What is funded: is there always a need for something new?

Several points made both by HLC stakeholders and external respondents question whether the establishment of a programme which invited the development of new organisations was the best use of such a large amount of Lottery funding. Such questions relate in particular to the lack of funding within the wider sector to continue to fund such initiatives when grant funding ends. While several HLCs, linking with the example offered by the Bromley-by-Bow Centre (see 2.3.3), were built on the foundations of existing projects, less than 20% of organisations at a national level were derived from previous work (Bridge Consortium, 2003). However, evidence obtained from one site which participated in the wider evaluation and anecdotal accounts of people operating in the sector suggest that continuation was aided by organisations which had an established history. While funding proposals for 'new' initiatives are not uncommon (e.g. Weiss et al, 2002; Torjman and Leviten-Reid, 2003), it is

⁵¹ One such site, while considering capacity-building approaches, latterly sought continuation funding to perpetuate the HLC.

possible that adaptation might be aided by the longevity of a project and its prior working history. It is arguable that agencies funding large-scale programmes should seek better to accommodate existing organisations and give consideration to how these might be used to meet new aims.

Strategic guidance: securing “a seat at the table”

The insularity of the HLC programme, set within the wider health system, featured across several accounts. Comments made by HLC managers discussed limitations arising from having little or no representation at local partnerships. In accordance with the external pressures and constraints on strategy suggested by Pettigrew (1985; 1987) managers indicated that not being accorded opportunities to attend such meetings limited options for how sites might be both ‘seen’ and ‘heard’ when seeking to raise profiles among potential funders. Furthermore, HLC stakeholders were felt to be uncertain about the relevance of HLCs’ contributions to partners and how their work might be communicated (see 8.2.2).

While implications arising from HLCs’ evaluation attempts are discussed further below, it is likely that similar organisations could in future benefit from having better links to and involvement in local decision-making processes. This might improve knowledge of and help better inform decision-making with regard to wider sectoral constraints. Furthermore, such opportunities might help better to inform development over time, enabling changes to occur in tandem with those of host sectors and potential funders. Throughout fieldwork HLC managers were often restricted to evolutionary attempts to develop sustainability strategies (Whittington, 1993), contingent upon the determination of sectoral parameters by newly emerging partnerships. Organisations need a clear understanding of what sustainability might involve and customisation to contexts requires organisations to have access to information from communities and the wider health system in order to better position the contributions that can be made to addressing needs.

Roles and responsibilities of key personnel

Evident within my study, and in the number of accounts attributed in this thesis, were the vital and numerous roles undertaken by HLC managers. While differences were evident between the types of management group which supported each site manager, and in the extent to which managers provided such groups with support (see 7.3.2), nonetheless the main impetus with regards sustainability remained a managerial prerogative. However, despite strong leadership underpinning sustainability (e.g. Mancini and Marek, 2004) its

absence, as illustrated in some of my findings, contributed to several of the challenges faced by HLCs (see 7.3.3). Indeed, the level of attention applied by managers, and the extent to which these individuals were relied upon by partners and stakeholders to guide HLCs, was suggested to have acted as a barrier to how others within the organisations might have drawn on the assistance offered through the HLC Support Programme (Sridharan et al, 2008). While such initiatives might in future seek to ensure that managers possess both operational and strategic skills-sets, it is perhaps more worthwhile to focus on wider management and governance structures. For sites with management groups comprised of community members, greater attention to their roles could bolster the attention given to organisational characteristics (Burnes, 2004) and in particular to local needs. Strengthening and maintaining these structures over time would offer support to managers and perhaps lessen the burden often placed on one individual to guide and shape the future of such organisations.

Accommodating evaluation to emergent needs

Ensuring that attention is given to demonstrating effectiveness has been noted by multiple studies (e.g. Johnson et al, 2004; Shediak-Rizkallah and Bone, 1998; Stevens and Peikes, 2006) while the lack of emphasis given to such an undertaking by HLCs has been discussed elsewhere (see Bridge Consortium, 2007; Platt et al, 2005a). Contrasting with the provision of HLCs' funding, which was not attached to any conditions to undertake evaluation, the BLF now requests that those applying for its grants provide: "clear systems for evaluation and learning as the project progresses, and how this learning will be able to inform the development of the project"⁵². Further to this, it is suggested that attention should be given to continued negotiation with funders in relation to securing and revising clarity of understanding of evaluation requirements. Mindful of HLCs' innovative capacity, recognition needs to be given to how similar projects'/organisations' outcomes might change over time as work undertaken remains contingent upon local communities' emergent needs (see below for further exploration).

9.4.2 System-wide consideration of sustainability

Attention to wider systems, in particular in terms of models purporting how planning for sustainability might be undertaken has, over time, become more commonplace (e.g. Gruen et al, 2008; Johnson et al, 2004). However, as was made evident in this study, wider

⁵² See: http://www.biglotteryfund.org.uk/hi/pub_sustainability.pdf

restructuring made it more difficult for HLC stakeholders to determine how their organisations might fit within newly developing structures (see 5.2.1). Taking previous research into account and acknowledging the difficulties experienced by HLCs suggests that a wider macro perspective be applied to consider the implications of findings from this study.

Taking organisational culture into account: Is it worthwhile trying to fit a “square peg in a round hole”?

Many stakeholders with knowledge of funding discussed challenges in reconciling the community led and development activities of HLCs with the more prescriptive approaches of local funders who sought a return on funding that was to be strategically targeted using themes such as worklessness (see 6.4.1). Such difficulties perhaps reinforce how sustainability discussions should comprise attention be given both to a project/organisation and to ensuring an “adaptive ... system” (Johnson et al, 2004: 137), which in this instance was one which might be considered more receptive to sustainability of community-led health organisations. While continuing attention to ways in which the health system could better accommodate community-led activity might limit similar situations arising in future (see CLTG, 2006b; CHEX, 2008), there are several other ways in which the experiences of the HLCs can be applied.

Seek a consensus

Returning to the seminal paper written by Shediak-Rizkallah and Bone (1998) it was suggested that central to sustainability was the ‘project negotiation process’, which in other research appears to have become more widely subsumed within discussion of adaptation/responsivity. In their construct, Shediak-Rizkallah and Bone proposed that a “consensus-building process” was put in place to address “everyone’s ... needs” (1998: 99). In contrast, it is likely that political activities to promote and secure ways of working (see 7.4.2), reinforced a commitment to entrenched working ideologies within HLCs (see Pfeffer, 1981; 1992). Arguably, the challenges faced in seeking to reconcile community-led methodologies with new commissioning models of funding suggest that greater attention should have been given to HLCs’ founding principles and the organisational culture that Centres had developed. While limited in the options available to them at the time when HLCs were making appeals for more funding, funders should try to better understand how an organisation’s culture has developed over time. Changes to established ways of working

might negatively impact on the future delivery of work and limit the extent to which sustainability might be attained.

Determine evaluation frameworks to suit system requirements

While innovation and responsiveness were integral features of the programme, HLC managers attempted to strategically position the organisations within local and national health policy frameworks (see 5.3.2). However, changes that occurred within the system led to a situation where HLCs, already constrained by their own limited evaluation repertoire, were unable to plan effectively as funders' needs often remained unknown. Retrospective attempts to reconcile HLC evidence with funders' newly devised outcome-based models proved difficult to address. As Swerissen (2007) notes, failure to plan for ensuring future funding is marked by a failure of funders to adequately specify outcome criteria that guides resource allocation. While little can be done to assuage the impacts of having funding criteria change at the midpoint during HLCs implementation, it is suggested that greater attention be given to developing system-wide monitoring and evaluation frameworks that serve the needs of a range of organisations and which cut across funders organisational boundaries.

Ensure an adaptive system is developed

The award of five years of funding, as suggested by Goodman and Steckler (1989), was thought to permit time for sustainability in the form of institutionalisation/ mainstreaming to take place. Yet, as my findings explored (see 6.4.2) and as Accenture (2004) stated, only limited determinist options for ways in which mainstream agencies might support HLCs existed, in particular, if as was suggested, Centres sought to retain an independence. Even then the 'hybrid' model proposed by Accenture, which comprised mainstream funding but independent operations, did not exist at the time of the report in 2004 and was noted to be unlikely to be developed in time to sustain HLCs. Similarly, with Scottish HLCs sites now (in late 2009) approaching the end of their second year of transition funding⁵³, it is evident that much more time was required to ensure that CHP/CPPs were better placed to attend to and consider sustainability needs of community health organisations. Such accounts highlight the power of larger structures to affect the ways in which sustainability of organisations such as HLCs is considered. While Gruen et al (2008) propose a dynamic system-based account, which takes note of the interests of powerful stakeholders, greater recognition should be given to limitations associated with structural barriers. Based on the model of planning devised by Johnson et al (2004) and taking into account the rollout of

⁵³ <http://news.bbc.co.uk/1/hi/scotland/7905450.stm>

recent recommendations on community-led health provision (CHEX, 2008), it is suggested that greater attention be given to enhancing the system infrastructure in which new organisations, established with external funding, will reside.

Addressing the policy-lag

The Scottish health policy framework has been noted to have maintained a more consistent approach to community led health than in England and Wales (see BLF, 2007). However, there remains a lag in how statutory agencies and partnerships with which they are linked integrate such work. While now underway, the work (see CHEX, 2008) to implement the CLTG (2006b) recommendations was begun at a point which was too late for HLCs funded with five-year BLF grants. Should any further large programmes be devised then greater attention might be devoted to making the links between policy development and its roll-out, in particular when issues of sustainability are to the fore.

Securing champions' roles and taking more account of politicians

Studies illustrate that champions are integral to and are often able to bridge disciplines and overcome status hierarchies to aid sustainability (Johnson et al, 2004). In contrast to studies of programme sustainability, which refer to supportive champions located within host organisations, HLCs' original champions often worked for local organisations which provided matched funding. However, restructuring led to a permanent change in many champions' status affecting how these individuals, from within organisations which had originally supported Centres' establishment, were latterly able to relate to and support them (see 5.2.2). Whereas such individuals could, to an extent, still advocate for HLCs, the impact of ways in which local politics affected their roles is not noted within the literature. While restructuring brought such local political issues more to the fore, it is likely that original local funders would always have faced difficulties in securing continued support as they would have retained responsibility for the interests of the wider sector in which HLCs operated. Much of the wider literature suggests that attention be given to securing the support of a wider body of champions, in particular those with access to upper management (e.g. Scheirer, 2005) or politicians. As evidenced, attention to wider political processes became increasingly important (see 8.3) and was met with significant success in perpetuating the lifespan of the programme. While politicians' attention increased over time, future programmes should be advised to engage such support at earlier points in time.

What value is attached to innovation?

Many of the issues confronting HLCs related to the challenges stakeholders faced when seeking to reconcile their work with a wider command and control ideology which led funders to employ performance management frameworks based on a clinical model of health. While work continues better to locate other community organisation's work (see CHEX, 2008) it is worth noting that Centres struggled to gain recognition for their innovative capabilities despite such a capacity being highly valued by stakeholders (see 7.4.1). While the evidence base for much community activity has only recently begun to be developed (see Hills and Stern, 2006), it is worth noting that HLCs' methodologies permitted them to move beyond the delivery of activities based on the premise of 'what works' to also learn from their successes and failures. Furthermore, it is worth considering that any retention of an innovative capacity would require that potential funders were aware that such approaches may entail some failures. Health system funders should recognise the multiple ways in which organisations such as HLCs operate when determining how 'success' is determined. If an innovative capability is still required then potential funders should acknowledge that some failures are likely to occur and that this should not penalise the continued search for further funding.

Expanding the roles of funders

The literature review illustrates how the HLC programme represented a new approach with regard to Lottery funding. Since its inception, many further programmes have been funded by the BLF. Over time studies examining BLF responsibilities have been critical of the role of the Lottery towards sustainability and with regard to how the support structures it funds might be improved upon (see GHK Consultants, 2006; Sridharan et al, 2008). Findings in my study, particularly those of external respondents, were critical of the BLF and the attention the funder gave to securing partners' sustainability roles (see 8.2.3). How then might the roles of large funders such as the BLF be more broadly considered with regard to their inputs to the sustainability of the programmes they initiate and fund?

Clarity of funders' roles

Greater clarity and transparency is required regarding the roles of large funders, in terms of how they support sustainability efforts. Much of the discussion among stakeholders indicated that they were sometimes confused about BLF funders' responsibility toward the programme from the outset and during Centres attempts to secure sustainability through devising bids for new Lottery funds. Rumours abounded among HLC personnel regarding the possibility that

new BLF funding packages might be made available to aid sustainability, which, it is argued, led to inferences made by stakeholders about how Centres might be sustained.⁵⁴

At present and as illustrated by reports of mainstreaming, attention toward sustainability by newly established and short-term funded organisations seems mainly to focus on continuation funding (Lever, 2005). Indeed, calls have been made for large funders to be mindful of their obligations when establishing new programmes (see Weiss et al, 2002). While the BLF in Scotland has sought to develop an ‘investment approach’ rather than focus on grant funding (see GHK Consultants, 2006) it is unclear what impact this might have as yet. In the meantime, it is suggested that attention be given better to ensure improved links between funders such as the BLF, which establish short-term funded programmes, and the local agencies on which the burden of demands for future funding often fall. While this thesis discusses the limitations faced by HLCs seeking provision of local funding support during the years 2005-2009, it is highly unlikely that the more straitened financial times which currently exist will be any more likely to aid such organisations’ sustainability in future. Improved synchronicity between funders and local agencies may address some of these issues.

9.4.3 *Summary*

As these implications suggest, greater attention might have been given to the ways in which sustainability was framed and positioned by HLCs and the wider health and community sectors before the organisations came into effect. Within HLCs, attention to the roles and functions of key individuals, opportunities to gain recognition, and greater clarity over evaluation requirements might all have benefited Centres. At a systemic level, greater attention might be given to planning, to the ways in which Centres had developed, and to system receptivity to innovative initiatives. There is also a need for greater clarity surrounding funders’ roles and responsibilities toward short-term funded initiatives.

⁵⁴ Seeking greater clarity about the role of the BLF with regard to HLC sustainability was the most sought after request made by managers when asked to report their reasons for making approaches to the HLC Support Programme (Sridharan et al, 2008).

9.5 Strengths, limitations and suggestions for future research

While unique features of HLCs' establishment make replication impossible, my exploration of Centres' sustainability strategising contains several theoretical/conceptual and methodological insights of use in guiding future research. Although it is unlikely that every study of sustainability would apply process methodologies, the findings in this study support others' research regarding the early attention given to when discussion of sustainability should begin regardless of whether this be an organisation, project or programme (e.g. Bridge Consortium, 2007; GHK Consultants, 2006; Gruen et al, 2008; Pluye et al, 2004; The Finance Project, 2002). With an increasing focus applied to timing, it is likely that new grounds for examination may open up for both researchers and evaluators.

For researchers, attention to timing and the use of process accounts offer opportunities to further unpack the many indicators and influences suggested to affect sustainability. As noted in this study, exploration of accounts revealed specific issues related to the failure of site two stakeholders to secure BLF funds. In this example, failure to secure funds was linked with attempts to avoid subverting the *modus operandi* of the site deemed central to its work in addressing stigma (see 6.5.2). For evaluators the attention to timing offers scope, for those undertaking an evaluation to aid development (see Chelimsky, 1997), to afford greater attention to process and to formative work guiding the ways in which sustainability strategising is considered.

Strengths of such accounts enable exploration of real-time contextual challenges and politicking engaged in by participants. For instance, in this study I was able to contextualise the disputes and uncertainty in site three which underpinned staff rejection of proposals which were thought likely to limit service applicability to a reduced range of target groups (see 7.4.2). Such accounts offered valuable contributions to the understanding of and importance associated with an HLC's culture, which might have been lost or omitted by a retrospective account. Similarly, the agency of and constraints faced by stakeholders in HLCs might have been missed in a retrospective account, which again highlight opportunities for formative evaluators to inform development. While retrospective accounts facilitate recognition of indicators of sustainability, it is the use of process accounts that aid exploration of dynamic changes to these over time. Responding to Scheirer's (2005) critique, while responsiveness is a known indicator of sustainability, it is process accounts that help

reveal the dilemmas involved in and decisions surrounding how far a programme or organisation might depart from its original form.

Shortcomings in the approach that I adopted might be addressed in further studies. Although the importance of community support and community members' involvement is a known indicator of sustainability, my study allowed for few opportunities to explore such accounts. Having found it difficult to secure local people's involvement in the first phase of evaluation, affected by limited time and guided by findings which made prominent the role of managers and local partners, I had chosen not to seek to obtain the accounts of local people through interview. Instead I obtained local views during my time spent attending and observing activities. Led walks and group meetings were commonly used activities within HLCs and provided me with opportunities to obtain local peoples' views. In addition, I relied on local views being reflected in the accounts of members who sat on local community boards in sites one and three and with local people employed as lay health workers in site two. Although it is questionable whether local people's views would have had an impact in addressing the shortcomings of changes to the health system faced by HLCs, this may be a facet of this particular programme. It is suggested that future studies of sustainability make more provision to secure local people's accounts, better to understand how changes to structures impact on work to address individual health and inequalities (e.g. Popay et al, 1998; Williams, 2003) and whether this might in turn affect sustainability discussions.

Further studies involving process evaluation methodology to examine sustainability in real-time might also benefit from other of my experiences. Although managers mainly remained in post, the dynamic nature of the HLC environment sometimes led to the turnover of staff due to new postings, promotions and dismissals. The design of any future studies should take into account the reactive manner in which sustainability research sometimes needs to be conducted. Often several months would sometimes elapse between conversations with managers which required that I put in place systems to ensure ways of capturing significant events in-between our exchanges. This was achieved by my cultivation of working relationships with supportive members of administrative staff, who provided me with copies of minutes from meetings, which often alerted me to significant events. While not foolproof (due to delays in their production), such information helped improve and enhance my access to relevant and timely information.

It was notable that the timing of approaches made to external respondents enabled clarification on several of the issues which had confronted HLC stakeholders (see 8.2). Despite pragmatic reasons such as the availability of time and personal resources limiting opportunities to make approaches any earlier, I consider that it would have been worthwhile to have integrated the collection of data from such respondents with that gathered from HLC stakeholders. While acknowledging that such individuals' accounts helped me better to situate my understanding of the issues faced by HLC stakeholders, I would in hindsight seek to obtain such inputs much earlier. This would have enabled me to explore changes in views toward sustainability over similar timescales to the wider evaluation and to cross-refer between the situations facing those working in HLCs with accounts of policy-relevant individuals. Future studies may wish to consider the payoff between additional workload and gaining a broader picture more rapidly.

9.6 Conclusions

Large programmes do not operate in isolation from the wider environment. Analysis of HLC stakeholders' and policy-relevant respondents' accounts revealed that a number of systemic, temporal and structural issues and processes affected the ways in which sustainability strategies were considered. Furthermore, while a number of influences are suggested to influence sustainability, the analysis of HLCs' sustainability strategising highlights how attention should be given to how potentially shifting contexts in which an initiative or organisation operates might impact such factors. Perspectives of both stakeholders and policy-relevant respondents illustrate that a wide array of individuals in funded organisations, operating sector and funding bodies need to consider at the outset and over time that attention is given to what happens after external funding ends.

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APPENDIX 1: HLC Characteristics

The following tables denote the characteristics of HLCs included within the study (see Chapter Four).

APPENDIX 1.1: Matrix examining 'type of HLC'

HLC	Type of HLC				Summary Statement (Defining features)
	Strong community development	Strong links to NHS and PCT ⁺	Single focus*	Umbrella Group**	
Site 1	X	X			Health information and outreach work to encourage people to access health services, training in complementary therapies, improved access to fresh food, etc. Partnership bid.
Site 2	X	X			Increase awareness of health issues on island communities, increase opportunities to participate in health programmes and improve access to and availability of fresh produce. Partnership bid.
Site 3		X	X	X	Initiative will provide a range of healthy eating projects, drug awareness services, parenting services stress management , home safety development and volunteering project

⁺ Primary Care Trust

* Single focus = a particular target group or activity.

** An umbrella group encompasses a significant number of other groups/projects.

APPENDIX 1.2: Matrix examining ‘context’, ‘partnership type’, ‘NHS connections’ and ‘NHS health priorities’ in bid documents

HLC	Context		Partnership Type		NHS Connections		NHS health priorities	
	Depriv- ation level	SIP	No. of partners	Incl HA, HAZ, PCT ⁺	Funds	Services on/off site	Prevention and/or treatment	
							CHD/ Stroke	Cancer
Site 1	n/a	X	7	X	X		X	X
Site 2	n/a		18	X	X	X	X	
Site 3	n/a	X	15	X	X		X	X

Continued

HLC	NHS Health Priorities								MEG
	Behaviour / Lifestyle changes					Protection of vulnerable groups			
	Drugs	Teenage Pregnancy	Smoking	Diet	Accident Prevention	With or at risk of mental health	Children	Older people	
Site 1	X		X	X		X			
Site 2	X			X	X	X			
Site 3	X			X	X	X	X		

⁺ Health Authority, Health Action Zone, Primary Care Trust

APPENDIX 1.3: Matrix examining ‘target group environment’, ‘personal circumstances’, ‘health’, ‘age’ and ‘ethnicity’ in bid documents

HLCs	Target group: environment		Target group: personal circumstances					
	Urban/rural areas	Area of poor housing	low income	Unempl-oyed	Home-less	Refugees & asylum seekers	Carers	Lone parents
Site 1	X (urban)		X	X				
Site 2			X	X				
Site 3	X (semi-urban)		X					X

Continued

HLC	Target group: health				Target group: age			Target group: ethnicity		
	Physical health	Mental health	Dis-ability	Subst-ance use	All ages	> 25	Over 60	White	Specific MEGs	No. of MEGs
Site 1				X		X	X	X		X
Site 2				X	X			X		
Site 3	X	X		X	X			X		X

APPENDIX 1.4: Matrix examining ‘facilities’ ‘activities’ and ‘advice/information offered’ in bid documents

HLC	Facilities								
	Café	Creche	Garden	Food Co-op	Credit union	Out-reach	NHS treatment	Compl treatment	Counselling
Site 1						X		X	
Site 2	X							X	
Site 3				X				X	

Continued.

HLC	Activities						Advice / Information			
	Drop-in	Support incl grps	Self help grps	Phys. activity	Arts	Educ -ation (incl IT)	Health	Welfare	Parenting	Safety
Site 1	X			X		X	X			
Site 2	X	X	X	X		X	X			X
Site 3		X	X			X	X		X	X

APPENDIX 2: Questions pertaining to sustainability on the topic guide used during interviews with HLC stakeholders

The questions below are of a generic form in order to lessen the risk of identification of any specific site. Questions used within each site were tailored to reflect the knowledge that I had obtained over time and to accommodate iterative understandings of issues raised during interviews with other stakeholders. Later interviews were again tailored to each specific site.

Sustainability

- How do you see the long-term future of the HLC after BLF funding ends?
Prompt for: - same as before; - reduction in resources/services - how is this decided/ what level of funding?; change in emphasis, shape, direction - why?
- What influences do you take into account when considering sustainability?
Prompt for: - partner organisations and relationships (including partners aims/objectives), community inputs (capacity of local people), integrating with mainstream - 'indispensability'
- What discussions on sustainability have taken place so far?
Prompt for:
 - seeking continuation through remaining affiliated with lead partner - what does this entail;
 - operating independently under a constitution - what will this entail?*Has it happened? If not, why not?*
 - becoming a service provider for key (mainstream) partner organisations?
 - other strategic considerations?
- Who are the key players in seeking a sustainable future for the HLC? How were these individuals identified? What influence have they had?
- What is your understanding of the term sustainability in terms of what you seek for the HLC? If other terms are used, e.g. mainstreaming, capacity building, leaving a legacy (of activities and services or effects), then what do you understand these to mean? Impacts on other organisations and how they deliver services?
Probe further depending on answers given and develop mainstreaming-, capacity-building- and legacy-specific questions. E.g. how they go about mainstreaming; what they hope to achieve; facilitators; barriers; key events, individuals and organisations; what this means for local people, partnerships and the local health economy.
- What influence do wider structures such as CPP and CHP's have on longer-term sustainability?
- How important is your local evaluation of the HLC to its continuation? Have you made any changes to your evaluation plan to take into account longer-term sustainability?

- Does the evaluation which I am conducting have any bearing on the HLCs' continuation? What is this? How has this information been used?
- What are the main facilitators and barriers to obtaining longer-term funding?
- Who do you consider to be the most likely funder?
- Have you received any advice from the BLF or consulted more widely on options for future sustainability?
- If a more limited service is to be continued, what do you consider the likely impact to be on: staff, local people, partners and the wider community?
- What future impact do you think the HLC will have on the local community and at wider policy levels?

APPENDIX 2.1: Site 2 interview schedule - project manager - February 2007

1. What has been happening with regards HLC sustainability since we last spoke?
2. What has been the outcome of the CHP service planning and prioritisation meeting in terms of funding for the HLC? What happened in the December meeting of the CHP?
3. What impact did the existence of other HLCs within the CHP have on decisions particular to Site 2?
4. What might any CHP commitments to [Site 2] mean in terms of future monitoring and service delivery?
5. Did the bid for BLF funding application progress as intended? Did you devise a new business plan? How was the NHS board involved in the bid for BLF funding?
6. [If there has been a response] What is the next step in your discussions with the CHP? [If no response then explore when this might be expected] What do you think might happen with regard CHP funding if there is a shortfall in advance of any decision reached by the BLF?
7. How are your new plans / business plan linked to NHS and CHP targets?
8. Has it been discussed and how might the CHP use/adopt the [Site 2] model in the future?
9. How have partners been informed of proposed reductions in input from HLC in the new BLF bid? What has been their response?
10. How different do you consider this new model of work to be from the original HLC? [Explore in relation to target group focus, services delivered, service delivery methods, partners' involvement – including funding].
11. What are your proposals for the longer-term sustainability of the HLC in the bid to the BLF? [Explore: social enterprise].

APPENDIX 3: Topic guide for external respondents

External respondent interviews: potential issues

[Ascertain individual's involvement with HLCs to determine specific questions to be asked]

Background

- What has been your involvement with the HLC programme? How did this come about? What was involved over time? How did your role develop? What is your current involvement? Did you have any specific involvement or attachment to a particular HLC?

Understandings of sustainability (preface by outlining that sustainability means many things - don't elaborate unless required)

- (If involved in decision making, then...) What was understood at the outset when the term sustainability was used?
- (For those involved at the outset): What discussion took place regarding what HLC bidders needed to do in relation to sustainability in order to be awarded funding?
- What do you understand the term sustainability to mean in relation to the HLC programme now? ... (Need to investigate sustainability of HLCs as organisations and the projects/activities they run - highlight differences). Check to see if it was mainly sustainability of the organisation.
- From my experience many of the HLCs consider sustainability in terms of the organisation that has been created over 5 years. Was this anticipated or what model was considered?
- Mainstreaming for area-based initiatives often means searching for continuation funding. Is this what has happened in the case of the HLCs?
- Who do you think is responsible for the sustainability of HLCs?
- Who has the power to determine a future for an HLC? (Really get into these questions). Do you consider there to be different determinants of power depending on the way an HLC is structured: statutory-, voluntary-, community-led? How? Why?
- Is there still a place in the current funding environment for locally-based initiatives that work to address the needs of particular communities/deprived groups? What has changed in this funding environment?
- What attention, if any, has been given to the developmental and innovative (exploratory) role of HLCs when considering sustainability? i.e. if they are solely funded to deliver projects, then how might this capacity be continued?

- Early literature suggested that HLCs might look to mainstream agencies to sustain programmes. How far was this realistic?

The current funding environment

- What do you think are the main developments that have taken place across the wider health economy which are influencing HLC sustainability?
- What have been and what currently are the main policy drivers that relate to HLC sustainability?
- What role do you think statutory agencies such as LA's and NHS should have? What role does/should the Scottish Executive have?
- Are you aware of how area partnerships e.g. CHPs, CPPs have discussed or given thought to the sustainability of HLCs?
- It is acknowledged by stakeholders in several HLCs that the timing for their approach to structures such as CHPs has meant that they are often still in a developmental phase resulting in difficulties in obtaining agreement regarding the continuation of such initiatives. Could anything have been done to avoid this?

Demonstrating Impact

- Given that some HLCs operate predominantly through partnership work, how important is profile to an HLC seeking sustainability?
- Given the inherent difficulties in demonstrating impact on long-term health outcomes, how should an HLC seek to demonstrate its impact on health inequalities and health improvement to potential funders?

Involving communities

- With the wider changes that are continuing to be implemented and to come into effect, how should the local communities be involved in HLC sustainability? (Generalised vs specific responses - can you give me a specific example?)
- Was capacity building among the community in order that HLC projects be sustained ever a viable option?

The meaning of an HLC

- Given the diversity of things that are happening regarding sustainability and that there is no overall guiding funder, what impact do you think this might have on the coherence of the HLC programme?
- What might be the effects of having to make compromise to obtain funding in terms of the ethos of HLCs? (The community involvement spirit, the close relationship with local communities, etc.)

- If they do end up looking very different to the original HLC model, for example, shifting away from a focus on health, then was this a useful way to spend lottery and other public money? Why/why not?
- Has the HLC programme as it currently stands had its day?

CHPs and CPPs

- What is your knowledge of the role that CHP/CPPs have to play in relation to HLC sustainability? Can you provide any specific examples?
- Is this the role that you think they should have had?
- What impact do you think the introduction of CHPs has had /same for CPPs with regard HLC sustainability?
- Differential evolution and development of such structures has had implications for HLC involvement/discussion with them regarding sustainability. For example, some HLCs have greater involvement in CHP than others, some have few links. What do you see as the way forward?
- HLCs have been seeking sustainability during a period of wider change. Is there anything that you might consider differently in the future?

Community-led task group

- What role is there for the community in terms of HLC sustainability?
- In the Com-Led Task Group report, one of the suggestions is that the result of success of community initiatives might be the cultural change that creates continuing demand for community-based services. Later, the report adds that it is likely that there will be a continuing need for community-led initiatives that work in partnership with other initiatives. What does this mean in relation to HLCs and their funding? Who has the responsibility for such initiatives?
- The CLTG report also suggests offering support to existing services and creating long-term relationships between initiatives and public services. What guidance should be offered? Whose responsibility should this be?
- Is there a future for social enterprise for HLCs? In Com-led task group, only non-HLCs had raised income independently. Did HLC BLF monies hold back this form of development and move to income generation for some?
- Who has responsibility to ensure that project's that are continuing receive the necessary funding to deliver their existing services? Especially so when NHS/LA budgets are not able to do this. - i.e. they can apply for funding packages for projects but what about costs to the organisation of supporting project delivery?
- Com-led Task group suggests providing improved infrastructural support for longer-term sustainability of CHI's - need a supportive relationship with NHS and other public agencies. What should happen here?

- How might the findings of the Community-led task group influence longer-term sustainability of initiatives such as HLCs?

BLF funding

- Many of the HLC sites are now developing bids for the BLF Investing in Community funds. What was the position of the BLF toward HLC applications when this fund was first announced? How/why did this position change?
- What is required of HLCs that apply for this fund?
- Have any awards been made to HLC bidders yet?
- Of the six HLCs in our evaluation, 4 have decided to approach the BLF Investing in Communities programme, while a 5th has obtained funding through the Young People's Fund. Are other HLCs also approaching the BLF in Scotland? Is this what was envisaged?
- What does all this mean for sustainability of BLF funded initiatives in the future?

APPENDIX 4: Fieldwork details

The following tables provide details of the dates of fieldwork episodes, the types of fieldwork undertaken and the role of individual participants.

APPENDIX 4.1: Site 1 – fieldwork timeline

Date	Form of contact	Role of person(s) involved
Oct 2005	HLC Exchange conference - conversation	HLC manager
Nov 2005	Interview	HLC manager
Nov 2005	Interview	Project worker #1
Nov 2005	Interview	Chair of Board
Nov 2005	Interview	Treasurer
Dec 2005	Interview	Partner – CHP
Dec 2005	Interview	Partner – Vol org
Dec 2005	Interview	Partner – CHP
Dec 2005	Interview	Partner – Vol org
Dec 2005	Interview	Partner – Vol org
Dec 2005	Interview	Service Users x 2
Nov-Dec 2005	Observations made during fieldwork	Staff, partners, users
Dec 2005	Interview (by telephone)	Project worker #2
Jan 2006	Interview (by telephone)	Project worker #3
Nov 2006	HLC Conference - conversation	HLC manager
Feb 2007	Interview (by telephone)	HLC manager
Nov 2007	HLC conference - conversation	HLC manager
Nov 2007	Interview (by telephone)	HLC manager
Mar 2008	Interview (by telephone)	HLC manager

APPENDIX 4.2: Site 2 – fieldwork timeline

Date	Form of contact	Role of person(s) involved)
Oct 2005	HLC Exchange conference - conversation	HLC manager
Jan 2006	Telephone conversation	HLC Manager
Oct 2006	Telephone conversation	HLC Manager
2005 – 2006	Receipt of documents from manager	
Nov 2006	HLC Conference - conversation	HLC Manager
Nov 2006	Interview (by telephone)	Partner – CHP
Nov 2006	Interview	Partner – CHP
Nov 2006	Interview	Partner – CPP
Nov 2006	Interview (by telephone)	Partner – CHP
Nov 2006	Interview	HLC manager
Nov 2006	Interview	Partner – local GP
Nov 2006	Interview	Sessional staff x5
Nov 2006	Interview	Partner – Soc work
Dec 2006	Interview	Partner – Vol org
Nov-Dec 2006	Observations made during the week	HLC staff, users
Dec 2006	Interview (by telephone)	Chair (Mgemnt Gp)
Dec 2006	Community-led Task Group - conversation	HLC manager
Feb 2007	Interview (by telephone)	HLC manager
Oct 2007	Conversation	HLC manager
Nov 2007	HLC conference - conversation	HLC manager
Dec 2007	Interview (by telephone)	HLC manager
Mar 2008	Email exchange	HLC manager

APPENDIX 4.3: Site 3 – fieldwork timeline

Date	Form of contact	Role of person(s) involved
Oct 2005	HLC Exchange conference - conversation	HLC manager
Nov 2005	Strategic planning event 1 - observation	HLC stakeholders
Nov 2005	Strategic planning event 2 - observation	HLC stakeholders
Feb 2006	Interview	Partner – NHS board
Mar 2006	Telephone conversation	HLC manager
May 2006	Interview	HLC manager
May 2006	Interview	Chair of the board
May 2006	Interview	Partner – CHP
May 2006	Interview	Partner – CPP
May 2006	Interview	Partner – CPP
May 2006	Interview	Project workers x2
May 2006	Interview	Board member
May 2006	Interview	Treasurer
May 2006	Interview	Partner – Soc work
May 2006	Interview	Board member
May 2006	Interview	Project worker
June 2006	Interview	Project worker
June 2006	Observation and Interview (Service users)	Parents' group (5 members)
June 2006	Interview	Project worker
Oct 2006	Strategic planning event 3 - observation	HLC stakeholders
Nov 2006	HLC Conference - conversation	HLC manager
Nov 2006	Interview (by telephone)	HLC manager
Dec 2006	Community-led Task Group - conversation	HLC manager
Jan 2007	Interview (by telephone)	HLC manager
Mar 2007	Email exchange	Acting HLC manager

APPENDIX 4.4: External respondents' fieldwork timeline

Date	Form of contact	Role of person involved
May 2007	Interview	Civil servant – communities sector
May 2007	Interview	Funder
May 2007	Interview	Community sector representative
May 2007	Interview	Manager – NHS
May 2007	Interview	Civil servant – health department
May 2007	Interview	Civil servant – communities sector
June 2007	Interview	Local government representative
Mar 2008	Interview	HLC Alliance member
Mar 2008	Interview	Civil servant – health department
Mar 2008	Interview	Manager – NHS

APPENDIX 5: Information sheet



EVALUATION OF THE HEALTHY LIVING CENTRE (HLC) PROGRAMME IN SCOTLAND: PHASE TWO

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PURPOSE OF STUDY AND RESEARCH PLAN

I, David Rankin, am conducting an evaluation of the Healthy Living Centre programme in Scotland. The **Scottish Executive** and **NHS Health Scotland** have provided funding for the evaluation. They are interested in the contribution of the Scottish HLC programme to tackling social injustice and inequality, and the strategies adopted by HLC partnerships and lead organisations to ensure sustainability of programmes in the longer term.

This study will contribute towards my PhD which aims to examine how HLCs and their stakeholders promote and work towards attaining sustainability and how the organisations seek to involve their local communities within any future programme permutations.

This research is an extension of phase one (2002-2005)* of the evaluation which explored the pathways between activities, processes, contexts and outcomes in a selected sample of HLC projects, using a longitudinal research design. The managers of six HLC sites gave consent for their HLC to participate during phase one and have agreed to continue their sites' participation in phase two.

Similarly to phase one, I intend to collect data from a number of participants and stakeholders involved with each of the six HLC sites. This will enable me to explore how HLCs are addressing health inequalities and progressing towards longer-term sustainability.

PROCEDURES

In order to gather information, several qualitative data collection techniques will be used. These include: individual face-to-face interviews, telephone interviews, focus groups, observation of participants and activities, and documentary review. A range of people in each of the six projects, identified and approached through liaison with HLC project managers, will be asked to participate. These include: project team members, participants/beneficiaries of HLC services/facilities, key local partners and senior personnel in associated organisations (e.g. NHS, local authority). Permission will be sought to tape-record interviews. Participants will be informed of the researcher's role when observation of activities/services/meetings is taking place.

BENEFITS

It is hoped that this research will benefit community-based initiatives and bodies such as the Scottish Executive to make decisions regarding how to most effectively use resources to benefit the health of communities throughout Scotland.

CONFIDENTIALITY AND ANONYMITY

The study research records will be kept confidential and neither participants nor organisations will be identified in any written or verbal reports. The research records will be kept in a secure area and locked in a filing cabinet in my office. Only research personnel authorised by me will have access to these records. Any transcripts of interviews will have identifying information removed and pseudonyms will be used in any reports produced. It may be difficult to ensure anonymity within a participating organisation due to the combinations of attributes that make people identifiable. However, all efforts will be made to ensure anonymity and quotations will be attributed using general terms.

The research design and plan, including this sheet and the consent form have been given approval by the (relevant Ethics Committee).

CONSENT AND WITHDRAWAL

Your participation in this research is voluntary and you may choose to withdraw from the research study at any time for any reason. The consent form provides further information on data protection.

PROJECT GRANTHOLDERS

Professor Stephen Platt, Director, RUHBC, University of Edinburgh
Professor Kathryn Backett-Milburn, Senior Research Fellow, RUHBC, University of Edinburgh

SUPERVISOR

The PhD is to be carried out under the supervision of:

Professor Kathryn Backett-Milburn
Senior Research Fellow
Research Unit in Health, Behaviour and Change
School of Clinical Sciences and Community Health
University of Edinburgh
Teviot Place
Edinburgh EH8 9AG
Tel: 0131 650 6196

QUESTIONS

If you have further questions about the evaluation please do not hesitate to get in touch with David Rankin who is the Research Fellow and main contact for the study. Contact details are provided at the top of this information sheet. **You can contact me at any time with any queries that you might have.** If I am not available, please leave an answering machine message and I will contact you as soon as possible. If you cannot reach me, then please contact the main RUHBC office on 0131 650 6193.

* Platt, S., Petticrew, M. and Backett-Milburn, K. (June 2002-September 2005) *Evaluation of the Health Living Centre programme in Scotland*. Research Unit in Health, Behaviour and Change.

APPENDIX 6: Consent form



CONSENT FORM

Title: Evaluation of the Healthy Living Centre programme in Scotland: Phase two

Name of Researcher: David Rankin

*Please initial
each box*

I confirm that I have read and understand the Information Sheet for the above study. I have had the opportunity to consider the information, ask any questions and have these answered satisfactorily.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without affecting my legal rights.

☐

I give permission for the audio-recording of my interview and possible use of quotations, subject to the provisions of confidentiality given in the Information Sheet.

☐

I understand that the information I provide will be stored in a secure location, will remain confidential and will be destroyed no more than three years after the end of the study.

☐

I agree to take part in the above study

☐

.....
Name of Participant

.....
Date

.....
Signature

.....
Researcher

.....
Date

.....
Signature

Please sign both copies of this form and return to the researcher. The researcher will counter-sign both copies and post one back to you for your own record.